

Division of Corporations

Page 1 of 1

# m0700000851843

Florida Department of State  
Division of Corporations  
Public Access System  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H070000851843)))



H070000851843ABC0

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850) 205-0383

From:

Account Name : GREENBERG TRAURIG - FORT LAUDERDALE  
Account Number : I20040000196  
Phone : (954) 765-0500  
Fax Number : (954) 765-1477

Attn: Brenda

07 APR - 2 AM 8:46

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

### PALM BEACH HEALTH ASSOCIATES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

RECEIVED

07 APR - 3 PM 4:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

- Charge of AA's name only  
- National Registered Agent Service  
- Qualified under  
- NRI Services, Inc.  
- See F95-7920  
- List

Electronic Filing Menu

Corporate Filing Menu

Help

Velt

Sent by: GREENBERG TRAURIG

954 765 1477;

04/03/07 4:18PM; JetFax #78; Page 2/6

04/03/2007 09:14 (FAX ftoffserv@tlaw.com  
850-205-0381

4/3/2007 9:12

PAGE 001/001

\* Fax @002/002  
Florida Dept of State



April 3, 2007

FLORIDA DEPARTMENT OF STATE

Division of Corporations

PALM BEACH HEALTE ASSOCIATES, LLC

1590 CONGRESS AVENUE

WEST PALM BEACH, FL 33406

SUBJECT: PALM BEACH HEALTH ASSOCIATES, LLC

REF: M07000001667

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation/limited liability company"); and the registered agent's signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce  
Document Specialist

FAX Aud. #: E07000085184  
Letter Number: 907A00022458

H07000085184 3

**ARTICLES OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 608.4115, F.S., this document is being submitted within the required 10 business days to correct the attached articles of organization or application to transact business in Florida.

**FIRST:** The name of the limited liability company is:  
PALM BEACH HEALTH ASSOCIATES, LLC

**SECOND:** The articles of organization or the application to transact business:

**(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)**

- ☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:  
The name of the Registered Agent was incorrectly stated. The correct name of the Registered Agent is as follows:

NRAI Services, Inc.

2731 Executive Park Drive, Suite 4

Weston, FL 33331

**OR**

- ☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

Dated: March 30, 2007

  
Signature of a member or an authorized representative of a member

Otto Campo, Manager

Typed or printed name of signer

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)

CR25062 (08/05)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
07 APR -2 AM 8:46

H07000085184 3

H07000085184 3

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO  
TRANSACTION BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN  
LIMITED LIABILITY COMPANY TO TRANSACTIONS BUSINESS IN THE STATE OF FLORIDA:

**1. PALM BEACH HEALTH ASSOCIATES, LLC**

(Name of Foreign Limited Liability Company)

**2. DE**(Jurisdiction under the law of which foreign limited liability  
company is organized)**3. 20-8662706**

(FEI number, if applicable)

**4. March 16, 2007**

(Date of Organization)


**5. Perpetual**(Duration: Year limited liability company will cease to  
exist or "perpetual")**6.**(Date first transacted business in Florida, if prior to registration.)  
(See sections 608.501 & 608.502 F.S. to determine penalty liability.)**7. 1590 Congress Avenue****West Palm Beach, FL 33406**

(Street Address of Principal Office)

**8. If limited liability company is a manager-managed company, check here ☒****9. The name and usual business addresses of the managing members or managers are as follows:****Otto Campo, Manager****4960 SW 72nd Avenue****Miami, FL 33155**

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in  
the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a  
translation of the certificate under oath of the translator must be submitted.)

**11. Nature of business or purposes to be conducted or promoted in Florida: Medical Services**

  
Signature of a member or an authorized representative of a member.  
(In accordance with section 608.408(2), F.S., the execution of this document constitutes  
an affirmation under the penalties of perjury that the facts stated herein are true.)

**Otto Campo, Manager**

Typed or printed name of signer

H07000085184 3

H07000085184 3

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

**PALM BEACH HEALTH ASSOCIATES, LLC**

2. The name and the Florida street address of the registered agent and office are:

**National Registered Agents, Inc.**

(Name)

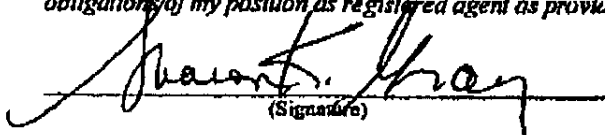
**2731 Executive Park Drive, Suite 4**

Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

**Weston, FL 33331**

City/State/Zip

*I having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.*

  
(Signature)

\$ 100.00 Filing Fee for Application  
\$ 25.00 Designation of Registered Agent  
\$ 30.00 Certified Copy (optional)  
\$ 5.00 Certificate of Status (optional)

H07000085184 3

H07000085184 3

# Delaware

PAGE 1

## *The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PALM BEACH HEALTH ASSOCIATES, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINETEENTH DAY OF MARCH, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PALM BEACH HEALTH ASSOCIATES, LLC" WAS FORMED ON THE SIXTEENTH DAY OF MARCH, A.D. 2007.

4319026 8300  
070330515



*Harriet Smith Windsor*  
Harriet Smith Windsor, Secretary of State  
AUTHENTICATION: 5516348

DATE: 03-19-07

H07000085184 3