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Florida Department of State
Division of Corporations
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To:

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

Attn: Brenda

From:

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

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DIVISION OF CORPORATIONS
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

BCG HEALTH CARE MANAGEMENT, LLC

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

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TALLAHASSEE, FLORIDA

*Change of RA is necessary
- National Registered Agents Use.
qualified under
NRAI Services, Inc.
See 795-2920
- Let*

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Let

Sent by: GREENBERG TRAURIG

954 765 1477;

04/03/07 4:14PM; JetFax #401; Page 2/6

04/03/2007 09:14 IFAX ftloffserv@atlav.com
850-205-0381

4/3/2007 8:12 PAGE 001/001

Fax 001/002
Florida Dept of State



April 3, 2007

FLORIDA DEPARTMENT OF STATE

Division of Corporations

BCG HEALTH CARE MANAGEMENT, LLC
1001 BRICKELL BAY DRIVE, 9TH FLOOR
MIAMI, FL 33131

SUBJECT: BCG HEALTH CARE MANAGEMENT, LLC
REF: M07000001676

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) 245-6067.

Neysa Culligan
Document Specialist

FAX Aud. #: H07000085179
Letter Number: 307A00022458

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**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 30 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:
BCG HEALTH CARE MANAGEMENT, 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)

CR2E062 (04/06)

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**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 TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. BCG HEALTH CARE MANAGEMENT, LLC

(Name of Foreign Limited Liability Company)

2. DE(Jurisdiction under the law of which foreign limited liability
company is organized)**3. 20-8662752**

(FBI 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. 1001 Brickell Bay Drive, 9th Floor****Miami, FL 33131**

(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(1), P.F., 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 signee

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**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:

BCG HEALTH CARE MANAGEMENT, LLC

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

National Registered Agents, Inc.

(Name)

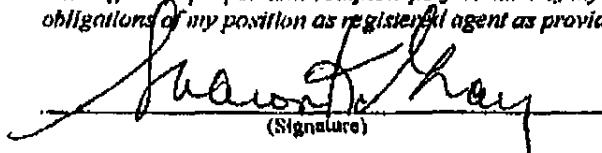
2731 Executive Park Drive, Suite 4

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

Weston, FL 33331

City/State/Zip

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)

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Delaware

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The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BCG HEALTH CARE MANAGEMENT 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 "BCG HEALTH CARE MANAGEMENT LLC" WAS FORMED ON THE SIXTEENTH DAY OF MARCH, A.D. 2007.

4319031 8300

070330529



Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State
AUTHENTICATION: 5516368

DATE: 03-19-07

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