M0900001409

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W9.1912 21391



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M. THOMAS

APR 14 2009

EXAMINE:

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: DataMed, LLC	
	mited Liability Company)
	iability Company for Authorization to Transact Business in submitted to register the above referenced foreign limited.
Please return all correspondence concerning this	-
Karen Johnson	2003
(1)	Name of Person)
Harvard Business Services, In	
(F	irm/Company)
16192 Coastal Highway	
	(Address)
Lewes, DE 19958	
(City/S	State and Zip Code)
For further information concerning this matter, pl	lease call:
Karen Johnson	at (302) 644-6257
(Name of Person)	(Area Code & Daytime Telephone Number)
MAILING ADDRESS: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount: \$\sum \frac{1}{2}\$125.00 Filing Fee \$\sum \frac{1}{2}\$130.00 Filing Fee & Certificate o	



March 13, 2009

KAREN JOHNSON 16192 COASTAL HIGHWAY LEWES, DE 19958

SUBJECT: DATAMED, LLC Ref. Number: W09000011972

We have received your document for DATAMED, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

The document number of the name conflict is P96000021391.

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) 245-6097.

Marsha Thomas Regulatory Specialist II

Letter Number: 209A00008674

7009 APR 13 PM 4: UJ

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

IN COMPLIANCE WITH SECTION GORSON, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIBITATY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

DataMed, L			
-	(Name of Foreign L	imited Lia	bility Company)
Delaware		3.	
(Jurisdiction u company is on	mose the law of which foreign limited li- ganized)	Dility	(FEI number, if applicable)
02/04/200		5.	Perpetual
	(Date of Organization)		(Duration: Year limited liability company will cease to exist of "perpenual")
	(Date first transacted business	ss in Flori	de, if prior to registration.)
6460 SW	(See sections 608.501 & 608.5 129th Place, Apt. 1805	9UZ F.S. 10	octorming benefith freshifth)
Miami, FL	33183		
Transfer of		ddress of	Principal Office)
If limited li	ability company is a manager-ma	nagod co	empany, check here 🗹
The name a	and usual business addresses of the	e manag	ing members or managers are as follows:
Carlos Die:	z, 6460 SW 129th Place, Apt. 180	5, Mlami	, FL 33183
		·	Range Control
	· · · · · · · · · · · · · · · · · · ·		
Attached is au	original cartificate of existence, no more t	an 90 day	sold, duly authenticated by the official having custody of reco
	der the law of which it is departized. (A ph artificans under oath of the translator main		notaccepable. If the certificate is in a fireign language, a
. Nature of t	business or purposes to be conduc	ted or pr	omoted in Plorida: INFORmation
techi	1dlday		
•	11	<u></u>	
			rized representative of a member.
	(in accordance with section 608.40 an affirmation under the panelties	#(3), F.S., of perjury	the execution of this document constitutes that the facts stated berein are true.)
	_ CARLAS G		Diez
	Trend or m	ringud pa	me of signee

, , ,

WRITTEN CONSENT TO ADOPT ALTERNATE NAME FOR USE IN THE STATE OF FLORIDA

We, the undersigned, do hereby certify t	that we are the Managers and/or Managing
Members of DataMed, LLC	
	mited Liability Company)
a limited liability company duly organiz	ed and existing under the laws of
Delaware	
(State or Country of Organization)	mot .
Because the name of this foreign limited	
requirements of the s. 608.406, F.S., the	limited liability company hereby adopts the
following name to transact business in th	ne state of Plorida:
DataMed Technologies LLC	<u> </u>
(Name to be used by limited liability company in Flor Company, L.L.C., or LL.C.)	ida. NOTE: Name must end with Limited Liebilly
Date:	· · · · · · · · · · · · · · · · · · ·
Signature(s) of Manager(s) and/or Manager	ring Mamharis)
3	ging memorias.
- A Websi	
- Saulis Dick)

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	of the Limited Liability Company is:	
DataMed, I	TC	
2. The name a	and the Florida street address of the registered agent and office are:	APR 13
	Carlos Diez	
	(Name)	PH I
	6460 SW 129th Place, Apt. 1805	S
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	,
	Miami FL 33183	
	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 camply 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.

[sifettites e]

\$ 188.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "DATAMED, 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 SIXTH DAY OF MARCH, A.D. 2009.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED TO LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF THE DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DATAMED, LLC"
WAS FORMED ON THE FOURTH DAY OF FEBRUARY, A.D. 2009.

4652380 8300

090244033

Jeffrey W. Bullock, Secretary of State

AUTHENTYCATION: 7171901

DATE: 03-06-09

You may verify this certificate online at corp.delaware.gov/authver.shtml