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FROM: PROSKAUER ROSE GOETZ & MENDELSON  
CONTACT: KATHY RASLER  
PHONE: (561) 995-4751

ACCT#: 074673001063

FAX #: (561) 241-7145

NAME: OAKRIDGE MEDICAL GROUP, LLC

AUDIT NUMBER.....H9800015141

DOC TYPE.....LIMITED LIABILITY COMPANY

CERT. OF STATUS..0

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Donald E. Thompson, Esq.

Florida Bar No.: 0608262

Proskauer Rose LLP

2255 Glades Road - Suite 340W

Boca Raton, Florida 33431

561-995-4704

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

August 14, 1998

PROSKAUER ROSE GOETZ & MENDELSON  
KATHY RASLER

SUBJECT: OAKRIDGE MEDICAL GROUP, LLC  
REF: W98000018594

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

A certificate of existence, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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561 241 7145 TO 4709#57590004#18 P.02/05  
561 995 4140 TO 0001#13058548782 P.02/07

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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. OAKRIDGE MEDICAL GROUP, LLC  
(Name of foreign limited liability company must end with the words "limited company" or their abbreviation "L.C." if not so contained in the name at present.)

2. DE  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. Applied for  
(FEI number, if applicable)

4. 7/6/98  
(Date of Organization)

5. Perpetual  
(Duration: Year limited liability company will cease to exist or "perpetual")

6. Upon filing  
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))

7. 5601 North Dixie Highway, Suite 411, Ft. Lauderdale, FL 33434  
(Street address of principal office)

8. List name, title, and business address of each managing member [MGRM] or manager [MGR] who will manage the foreign limited liability company in Florida: (attach additional page if necessary)

NAME & ADDRESS:	TITLE:	NAME & ADDRESS:	TITLE:
<u>James J. Gularek</u>	<u>MGRM</u>	<u></u>	<u></u>
<u>5601 N. Dixie Hwy. Suite 411</u>		<u></u>	
<u>Ft. Lauderdale, FL 33334</u>		<u></u>	
<u>Rudy J. Noriega</u>	<u>MGRM</u>	<u></u>	<u></u>
<u>5601 N. Dixie Hwy. Suite 411</u>		<u></u>	
<u>Ft. Lauderdale, FL 33334</u>		<u></u>	
<u>Garv C. Matzner</u>	<u>MGRM</u>	<u></u>	<u></u>
<u>5601 N. Dixie Hwy. Suite 411</u>		<u></u>	
<u>Ft. Lauderdale, FL 33334</u>		<u></u>	

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Cecilio M. Rodriguez

MGRM

5601 N. Dixie Hwy, Suite 411

Ft. Lauderdale, FL 33334

9. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the Secretary of State or the proper official having custody of records in the state 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.)

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*State of Delaware*  
*Office of the Secretary of State*

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I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "OAKRIDGE MEDICAL GROUP, 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 JULY, A.D. 1998.

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

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Edward J. Freel, Secretary of State

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AUTHENTICATION:

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DATE:

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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:

Oakridge Medical Group, LLC

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

Gary Matzner

(Name)

2400 S. Dixie Highway, Suite 200

Florida street address (P.O. Box NOT ACCEPTABLE)

Miami, FL 33126

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.*

  
(Signature)

**Filing Fee: \$ 35 for Designation of Registered Agent**

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**AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN  
LIMITED LIABILITY COMPANY**

The undersigned member or authorized representative of a member of Oakridge Medical Group, LLC  
certifies:

- 1) the above named limited liability company has at least two members;
- 2) the total amount of cash contributed by the member(s) is \$ 3,880,000. ;
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$ - 0 - ;  
(A description of the property is attached and made a part hereto.)  
and
- 4) the total amount of cash and property contributed and anticipated to be contributed  
by member(s) is \$ 3,880,000.

(This total includes amounts from 2 and 3 above.)

  
\_\_\_\_\_  
Signature of a member or an authorized representative of a member.  
(In accordance with section 608.408(3), Florida Statutes, the execution of this  
affidavit constitutes an affirmation under the penalties of perjury that the facts  
stated herein are true.)

Gary Matzner  
Typed or printed name of signee

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**Filing Fee: \$250.00 for Application and Affidavit**

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