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9/14/98

FLORIDA DIVISION OF CORPORATIONS
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TO: DIVISION OF CORPORATIONS

FAX #: (850) 922-4003

FROM: PROSKAUER ROSE GOETZ & MENDELSON

ACCT#: 074673001063

CONTACT: KATHY RASLER

PHONE: (561) 995-4751

FAX #: (561) 241-7145

NAME: OAKRIDGE CLINICAL LABORATORY, LLC

AUDIT NUMBER.....H98000017119

DOC TYPE.....FOREIGN LIMITED LIABILITY COMPANY

CERT. OF STATUS..0

PAGES..... 5

CERT. COPIES.....1

DEL.METHOD.. FAX

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W98-21005

Donald E. Thompson, Esq.
Proskauer Rose LLP
2255 Glades Road - Suite 340W
Boca Raton, FL 33431
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FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State

September 15, 1998

PROSKAUER ROSE GOETZ & MENDELSON

SUBJECT: OAKRIDGE CLINICAL LABORATORY, LLC
REF: W98000021005

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.

A certified copy certificate is not acceptable.,

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Michelle Hodges
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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 CLINICAL LABORATORY, 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 as presented.)
2. DE
(Jurisdiction under the law of which foreign limited liability company is organized)
3. Applied for
(FEI number, if applicable)
4. 8/19/98
(Date of Organization)
5. Perpetual
(Duration: Your 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. Gulanek</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>Gary 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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SEP 14 '98 15:45 FR PROSKAUER ROSE 2 - 561.241.8158 TO 00044#18509224001 P.11/14

State of Delaware
Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "OAKRIDGE CLINICAL LABORATORY, 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 FIFTEENTH DAY OF SEPTEMBER, 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

Edward J. Freel, Secretary of State

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AUTHENTICATION:

9302423

DATE:

09-15-98

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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 CLINICAL LABORATORY, LLC

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

Gary Matzner

(Name)

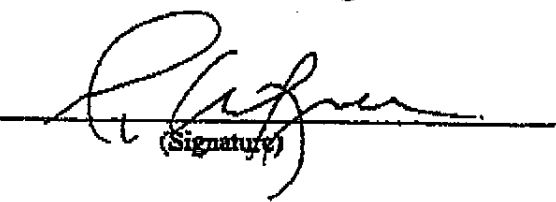
2400 S. Dixie Highway, Suite 200

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 CLINICAL
LABORATORY, 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 \$ 500.00;
- 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 \$500.00

(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 signer

Filing Fee: \$250.00 for Application and Affidavit

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