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Limited	Liability		Change of Registered Agent					;y')	
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FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

July 16, 1999

SHER GARNER CAHILL RICHTER ET AL 28TH FL 909 POYDRAS STREET NEW ORLEANS, LA 70112-1033

SUBJECT: FLORIDA MEDICAL MANAGEMENT, L.C.

Ref. Number: W99000016420

We have received your document for FLORIDA MEDICAL MANAGEMENT, L.C. and your check(s) totaling \$570.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is not available. Therefore, the limited liability company must adopt an alternate name for use in the state of Florida. To adopt an alternate name the entity must submit a resolution signed by a managing member or manager adopting the alternate name for use in the state of Florida. The alternate name must end with "L.L.C.," "L.C.," "Limited Liability Company" or "Limited Company."

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) 487-6097.

Michael Mays Document Specialist ase cal

Letter Number: 799A00036678

59 JUL 27 PM I2: 04

RESOLUTION OF MANAGING MEMBERS OR MANAGERS

I, the undersigned	Voelker Management, L.L.C., appearing herein through its Manager, David R. Voelker	,				
,	(Name)					
do hereby certify that the	his Resolution of the Managing Members or Managers of					
Florida Medic	cal Management, L.C.	_,				
	(Name of Limited Liability Company)					
a limited liability comp	pany duly organized and existing under the laws of the State of					
Louisiana	, was duly adopted on, 19_99	_ -				
Be it resolved, that Florida Medical Management, L.C. (Name of Limited Liability Company)						
	(Name of Limited Liability Company)	=				
organized and existing	in the state of Louisiana, hereby adopts the	€				
name of <u>Florida Re</u>	esearch Management, L.C. for use in Florida	: ch 보인				
		_				
Dated: July 22,	1999					
Voelker Manag	gement, L.L.C.	-				
BY: /						
Signature of a Member or an Authorized Representative of a Member						

David R. Voelker

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

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

Florida Medical Management (Name of foreign limited liability company m so contained in the name at present.)		ds "limited company" or their abbr	eviation "L.C."	if not
Louisiana (Jurisdiction under the law of which foreign l company is organized)	3 limited liability	72-1447523 (FEI number, if appl	licable)	
May 11, 1999 (Date of Organization)	5. "	December 31, 2105 (Duration: Year limited liability cexist or "perpetual")	company will ce	ease to
Has not yet transacted busines	iness in Flori s in Florida. (See sec	da ctions 608.501, 608.502, and 817.1	(55, F.S.)	-
1500 Energy Centre, 1100 P	oydras Street		الله الله	SH BB
New Orleans, Louisiana 7	0163 (Street address of	principal office)	27 PH	
List name, title, and business address will manage the foreign limited liabili				
vill manage the foreign limited liabili NAME & ADDRESS:	ty company in Flo			
vill manage the foreign limited liabili	ty company in Floring TITLE: Manager Bras St.	orida: (attach additional page	if necessary	
NAME & ADDRESS: Voelker Management, L.L.C. 1500 Energy Centre, 1100 Poyd	ty company in Floring TITLE: Manager Bras St.	orida: (attach additional page	if necessary	
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NAME & ADDRESS: Voelker Management, L.L.C. 1500 Energy Centre, 1100 Poyd	ty company in Floring TITLE: Manager Bras St.	orida: (attach additional page	if necessary	

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.)

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

The undersigned member or authorized representative of a member ofFlorida_Me	edical
Management, L.C. certifies:	
1) the above named limited liability company has at least one member;	
2) the total amount of cash contributed by the member(s) is	\$ <u>38,750.00</u> ;
3) if any, the agreed value of property other than cash contributed by member(s) is (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 (This total includes amounts from 2 and 3 above.)	\$28,750.00 \$28,750.00 \$100.00
Signature of a member or an authorized representative of a member	<u>是</u> 写""
(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.)	mber.
Voelker Management, L.L.C. By: David R. Voelker, Its Mana	ger
Typed or printed name of signee	<u> </u>

Filing Fee: \$250.00 for Application and Affidavit

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 of 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.

ı.	The name of the limited liability company is:		
	FLORIDA MEDICAL MANAGEMENT, L.C.		
2.	The name and the Florida street address of the registered agent are:		
		JUL 66	DI VER
	C T Corporation System NAME	3 JNF 2	-28 -27
	1200 South Pine Island Road	27 P	
	Florida street address (P. O. Box NOT ACCEPTABLE)	PH 12:	
	Plantation, FL 33324 CITY, STATE AND ZIP	40	กู้ให้ เกิ

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.

C T Corporation System

SIGNATURE

VICTOR ALFANO

ASSISTANT SECRETARY

Filing Fee: \$ 35 for Designation of Registered Agent



SECRETARY OF STATE

As Secretary of State, of the State of Louisiana, I do hereby Certify that

the Articles of Organization of

FLORIDA MEDICAL MANAGEMENT, L.C.

Domiciled at NEW ORLEANS, LOUISIANA,

Were filed in this Office and a Certificate of Organization was issued on May 11, 1999,

I further certify that no Certificate of Dissolution has been issued.

99 JUL 27 PM 12: 04

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

Joy M. 1999

CAS 34788659K Secretary of State

