

# L00000003664

Cheryl Lynn Davis  
6506 Spyglass Lane  
Bradenton, FL 34202  
(941) 753-9650

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March 21, 2000

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Dear LLC Filings Office:

Enclosed is an original and a copy of the proposed Articles of Organization of Precision Health Services, LLC, a proposed domestic limited liability company. Please file the Articles of Organization and return a file-stamped copy of the original Articles or other receipt, acknowledgment or proof of filing to me at the address above.

A check in the amount of \$160, made payable to your office, for Filing Fee for Articles or Organization, Designation of Registered Agent, Certified Copy and Certificate of Status is enclosed.

Sincerely,



Cheryl Lynn Davis, Organizer

Enclosures: Articles of Organization; check

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SL

**Articles of Organization  
of  
Precision Health Services, LLC**

The undersigned natural person, of the age of eighteen years or more, acting as organizer of a limited liability company under the State of Florida Limited Liability Company Act, adopts the following Articles of Organization for such limited liability company.

*Article I - Name of Limited Liability Company.* The name of this limited liability company is **Precision Health Services, LLC**.

*Article II - Address.* The mailing address and street address of the principal office of the Limited Liability Company is :

6506 Spyglass Lane  
Bradenton, FL 34202

*Article III - Registered Agent, Registered Office & Registered Agent's Signature.* The name and the Florida street address of the registered agent are:

Cheryl Lynn Davis  
6506 Spyglass Lane  
Bradenton, FL 34202

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, F.S..

  
Registered Agent's Signature

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

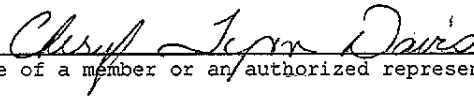
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**Articles of Organization  
of  
Precision Health Services, LLC  
(Continued)**

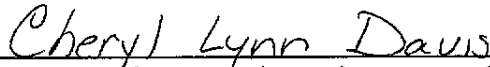
Article IV - Management. The management of this limited liability company is reserved for the members.

Article V - Period of Duration of the Limited Liability Company. The period of duration of this limited liability company shall be perpetual.



\_\_\_\_\_  
Signature of a member or an authorized representative of a member

( In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)



\_\_\_\_\_  
Typed or printed name of signee

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TALLAHASSEE, FLORIDA