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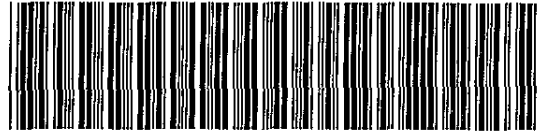
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2005 JUN 29 P 2:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PhysioMedics Manufacturing, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mark L. Josefson
(Name of Person)

PhysioMedics Manufacturing, LLC
(Firm/Company)

15320 Minnetonka Blvd, Suite 104
(Address)

Minnetonka, MN 55345
(City/State and Zip Code)

For further information concerning this matter, please call:

Mark L. Josefson at (952-) 939-9039
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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 JUN 29 P 2:21
 TALLAHASSEE, FLORIDA
 SECRETARY OF STATE



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

June 14, 2005

MARK L. JOSEFSON
PHYSIOMEDICS MANUFACTURING, LLC
15320 MINNETONKA BLVD., SUITE 104
MINNETONKA, MN 55345

SUBJECT: PHYSIOMEDICS MANUFACTURING, LLC
Ref. Number: W05000029125

We have received your document for PHYSIOMEDICS MANUFACTURING, LLC, however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$155.00.

The registered agent must sign accepting the designation.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6913.

Diane Cushing
Document Specialist

Letter Number: 105A00041105

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PhysioMedics Manufacturing, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

PhysioMedics Manufacturing, LLC
15320 Minnetonka Blvd, Suite 104
Minnetonka, MN 55345

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Mark L. Josefson

Name

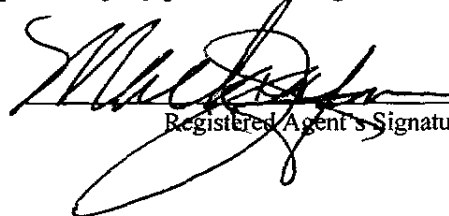
3661 Wild Pines Drive, Suite A307

Florida street address (P.O. Box **NOT** acceptable)

Bonita Springs, Florida 34134 FL

City, State, and 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 as provided for in Chapter 608, F.S.



Registered Agent's Signature

2005 JUN 21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Mark L. Josefson

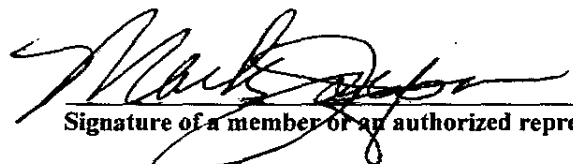
15320 Minnetonka Blvd, Suite 104

Minnetonka, MN 55345

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



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.)

Mark L. Josefson

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2005 JUN 29 P 2:21

FILED

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)