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From: Account Name : HARPER, KYNES, GELLER & BUFORD
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FLORIDA/FOREIGN LIMITED LIABILITY CO.

Excelsior Medical Services, LLC

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EXAMINER

**ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - NAME

The name of the Limited Liability Company is: Excelsior Medical Services, LLC

ARTICLE II - ADDRESS

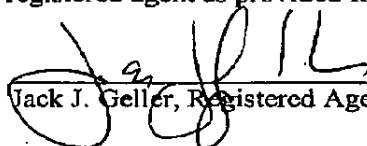
The mailing address and street address of the principal office of the Limited Liability Company is: 2655 SR 580, Suite 202, Clearwater, FL 33761.

**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE,
& REGISTERED AGENT'S SIGNATURE**

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

Jack J. Geller
2560 Gulf to Bay Blvd., Suite 300
Clearwater, FL 33765

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.



Jack J. Geller, Registered Agent

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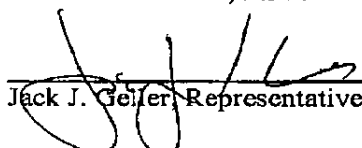
ARTICLE IV - MANAGEMENT

The Limited Liability Company is to be managed by one or more managers and is, therefore, a manager - managed company.

ARTICLE V - MANAGER(S) OR MANAGING MEMBER(S)

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

<u>Title:</u>	<u>Name and Address:</u>
Manager	Gerald A. Niedzwiecki 2655 SR 580, Suite 202 Clearwater, FL 33761
Manager	Thomas A. Billings 2655 SR 580, Suite 202 Clearwater, FL 33761



Jack J. Geller, Representative

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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.

Jack J. Geller
Typed or printed name of signee

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