

Division of Corporations

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
 Fax Number : (850)205-0383

From:

Account Name : FOWLER WHITE BOGGS BANKER P.A. (NAPLES OFFICE)
 Account Number : I20050000089
 Phone : (239)598-1221
 Fax Number : (239)598-3499

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.

ALEXA MEDICAL, LLC

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**ARTICLES OF ORGANIZATION
OF
ALEXA MEDICAL, LLC**

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 608, hereby makes, acknowledges and files the following Articles of Organization.

ARTICLE I - NAME

The name of the limited liability company shall be ALEXA MEDICAL, LLC (the "Company").

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Company shall be 5049 9th Street, Zephyrhills, Florida 33542.

ARTICLE III - REGISTERED OFFICE AND AGENT

The name and street address of the registered agent of the Company in the State of Florida is Fowler White Boggs Banker P.A. at 5811 Pelican Bay Boulevard, Naples, Florida 34108.

ARTICLE IV - MANAGEMENT

The Company shall be managed by one or more managers and is, therefore, a manager-managed company. The initial manager of the Company shall be Albert Stinnette at 5049 9th Street, Zephyrhills, Florida 33542.

IN WITNESS WHEREOF, the undersigned has made and subscribed these Articles of Organization at Naples, Florida on this 25th day of ~~December, 2006~~.

MEMBER OR AUTHORIZED
REPRESENTATIVE OF A MEMBER


Albert Stinnette

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ALEXA MEDICAL, LLC**ACCEPTANCE OF REGISTERED AGENT**

FOWLER WHITE BOGGS BANKER P.A., located at 5811 Pelican Bay Blvd, Suite 600, Naples, FL 34108, being named in the Articles of Organization of ALEXA MEDICAL, LLC, as the registered agent of the limited liability company, hereby consents to accept service of process for the limited liability company at the address set forth above, and accepts the appointment as registered agent and agrees to act in this capacity. By its authorized signature below, the registered agent agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties. By its authorized signature below, the registered agent signifies that it is familiar with and accepts the obligations of the position of registered agent as provided in Florida Statutes Chapter 608.

FOWLER WHITE BOGGS BANKER P.A.,
Registered Agent

By: 

Jeanne L. Seewald

Date: 1-25-07

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