AGENCY OF ADVANCED MEDICAL PERSONNEL, LLC

Con Control of Gulf Shore Prive Of Control o

February 7, 2000

300003129503--0 -02/09/00--01058--010 ****160.00 ****160.00

Registration Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

Re: Filing of Articles of Organization of Agency of Advanced Medical Person

Dear Sir:

Enclosed please find the Articles of Organization of the Limited Liability Company to be known as Agency of Advanced Medical Personnel, LLC. Enclosed please also find a check from the undersigned in the amount of \$160.00. Please return a certified copy of the Articles and a Certificate of Status. Thank You for your assistance in this matter. If there are any questions or problems, please contact the undersigned at the above captioned phone number or fax number.

Very Truly Yours,

Karen L. Hughes

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: |
|--|
| The name of the Limited Liability Company is: |
| Agency of Advanced Medical Personnel 22C |
| ARTICLE II - Address: |
| The mailing address and street address of the principal office of the Limited Liability Company is: |
| 126 Yolain Street |
| Curto #10 |
| Destin FL 32541 |
| ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: |
| Suite #19 Destin FL 32541 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: |
| The name and the Florida street address of the registered agent are: |
| Karen I. Hughes |
| Name Name |
| 280 Gulf Shore Dr. Unit 242 |
| Florida street address (P.O. Box NOT acceptable) |
| Citý, 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 |
| Article IV - Management (Check box if applicable.) |
| The Limited Liability Company is to be managed by one manager or more managers and is, |
| therefore, a manager - managed company. |
| |
| |
| (An additional article must be added if an effective date is requested) |
| 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 |
| Karen L. Hughes |
| |
| FILING FEES: \$ 100.00 Filing Fee for Articles of Organization |
| \$ 25.00 Designation of Registered Agent |
| \$ 30.00 Certified Copy (OPTIONAL) \$ 5.00 Certificate of Status (OPTIONAL) |