

Document Number Only

ET Corporation System

660 East Jefferson Street

Tallahassee, FL 32301

850-222-1092

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Corporation(s) Name

Millennium Health Systems, LLC

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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<input type="checkbox"/> Nonprofit		
<input type="checkbox"/> Foreign	<input type="checkbox"/> Dissolution	<input type="checkbox"/> Mark
<input checked="" type="checkbox"/> LLC		
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Annual Report	<input type="checkbox"/> Other
<input type="checkbox"/> Reinstatement	<input type="checkbox"/> Reservation	<input type="checkbox"/> Ch. RA
	<input type="checkbox"/> Fictitious Name	<input type="checkbox"/> UCC
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Melanie Strickland

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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Thank You!

**ARTICLES OF ORGANIZATION
OF
MILLENNIUM HEALTH SYSTEMS, LLC**

ARTICLE I

The name of the limited liability company (hereinafter called the "limited liability company") is MILLENNIUM HEALTH SYSTEMS, LLC.

ARTICLE II

The address of the principal office and the mailing address of the limited liability company is 5310 N.W. 33rd Avenue, Suite 211, Fort Lauderdale, Florida 33309.

ARTICLE III

The period of duration for the limited liability company shall be perpetual.

ARTICLE IV

Additional members may be admitted and the terms and condition of such admissions shall require the vote of all existing member, and shall be conditioned on the new member's agreement to abide by all existing agreements of the members regarding the conduct of the Company.

ARTICLE V

The remaining members of the Company have the right to continue the business in the event of the termination of the Company at any time due to death, retirement, resignation, expulsion, bankruptcy, or dissolution of any member or the occurrence of any other event which terminates the continued membership of a member in the Company, provided that all of the remaining members agree to do so in writing within 120 days after the date of a member's termination of membership.

ARTICLE VI

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

CT Corporation System
1200 South Pine Island Road
Plantation, Florida 33324

Having been named as the 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.

Connie Bryan
(Registered Agent's Signature)
CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY

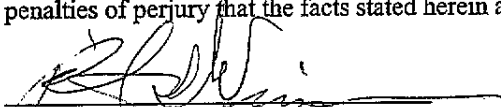
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ARTICLE VII

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

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.)


Barton D. Weisman

FILING FEES: \$100.00 Filing Fee for Articles of Organization \$ 25.00 Designation of Registered Agent \$ 30.00 Certificate of Status (OPTIONAL) \$ 5.00

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