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Requestor's Name 660 East Jefferson Street	
Address Tallahassee, FL 32301 (850)222-1092	
City State Zip Phone	5000031605756 -n3/n7/nnn1n71019
CORPORATION(S) NAME	-03/07/0001071019 ****125.00 ****125.00
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Name Availability Document	PLEASE RETURN EXTRA COPY(S) FILE STAMPED THANKS
Examiner	LAURA FARNEST
Updater Verifier	
Acknowledgment	O M.
W.P. Verifier	RECEI OO MAR - 7 PA SION OF SCHOOLS LANGES SIGNED OF SCHOOLS

CR2E031 (1-89)

ARTICLES OF ORGANIZATION OF HEALTH CARE CAPITAL GROUP, LLC

Under Section 608.407 of the Florida Limited Liability Company Act.

The undersigned, being a resident of the State of Florida and acting as the initial member (the "Managing Member") of the limited liability company (the "Company") hereby being formed under Section 608.407 of the Florida Limited Liability Company Act (the "Act"), certifies that:

FIRST: The name of the Company is HEALTH CARE CAPITAL GROUP, LLC

SECOND: The term of the Company shall commence upon the date of filing of these Articles of Organization with the Department of State of the State of Florida and shall thereafter be perpetual.

THIRD: The mailing address and street address of the Company is 5605 SW Honey Terrace, P.O. Box 1084, Palm City, Florida 34990.

FOURTH: The name and address of the Registered Agent for service of process is Joanne Karen, Health Care Capital Group, LLC, 5605 SW Honey Terrace, P.O. Box 1084, Palm City, Florida 34990, who has signed below to acknowledge that it is familiar with and accepts the obligations of that position.

(Signature of Registered Agent)

FIFTH: The Company is formed for the purpose of engaging in any lawful act or activity for which a limited liability company may be formed under the Act and engaging in any and all activities necessary or incidental to the foregoing.

IN WITNESS WHEREOF, the undersigned Member has subscribed these Articles and does hereby affirm the foregoing as true under the penalties of perjury, this 2 day of February, 2000.

Joanne Karen

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