### CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite I • Tallahassee, Florida 32302 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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			Trade/Service Mark  Merger File  SSR 29		
			Merger File ASSET		
			Art. of Amend. File		
			RA Resignation		
			Dissolution / Withdrawal 3		
			Annual Report / Reinstatement		
			Cert. Copy		
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			Certificate of Good Standing		
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### FILED

## ARTICLES OF ORGANIZATION OF PHARMCARE L.L.C.

I, the undersigned subscriber to these Articles of Organization, being a natural person competent to contract, hereby subscribe to and form a Limited Liability Company under the laws of the State of Florida.

#### **ARTICLE I - Name:**

The name of the Limited Liability Company shall be PHARMCARE L.L.C.

#### **ARTICLE II - Address:**

The principal place of business and mailing address of this company shall be 5112 Stonehurst Road, Tampa, Florida 33647. The members from time to time may designate such other address and place for the principal office of the Limited Liability Company as they deem appropriate.

#### **ARTICLE III - Business Permitted:**

The Limited Liability Company may engage in any activity or business permitted under the laws of the United States and the State of Florida.

#### **ARTICLE IV - Duration:**

The period of duration for the Limited liability Company shall be perpetual.

#### ARTICLE V - Management:

The Limited Liability Company is to be managed by the members and the names and addresses of the managing members are:

Vikas V. Ghiya 5112 Stonehurst Road Tampa, Florida 33647 Rajesh N. Gandhi 9223 Sunflower Drive Tampa, Florida 33647

#### ARTICLE VI - Admission of Additional Members:

Members of the Limited Liability Company have the right to admit new members. Additional members may be admitted only on the unanimous written consent of the existing members, and the existing members shall determine the amount and nature of the contributions by new members at the time the new members are admitted.

#### **ARTICLE VII - Members Right to Continue Business:**

The remaining members of the Limited Liability Company may have the right to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any event which terminates the continued membership of a member in the Limited Liability Company. The Business may be continued only on unanimous written consent of the remaining members.

#### **ARTICLE VIII - Effective Date:**

The effective date of this Limited Liability Company shall be the date of the filing of the Articles of Organization with the Secretary of State.

	IN WITNESS WHEREOF, I hereto set my hand and seal and acknowledge and ile the foregoing Articles of Organization of PHARMCARE L.L.C., under the laws of he State of Florida, this				
STATE OF FLORIDA	RIDA	53			
COUNTY OF HILLSBOROUGH	)				
BEFORE ME, personally ap	peared, VIKAS V. GHIYA, Initial Subscriber, to me				

BEFORE ME, personally appeared, VIKAS V. GHIYA, Initial Subscriber, to me known to be the individual described in and who executed the foregoing Articles of Organization, and Acknowledged that he executed the same for the purpose expressed therein.

SWORN TO AND SUBSCRIBED before me this  $24^{\frac{76}{10}}$  day of July 2000.

Milesh Patel

My Commission CC809047

Expires February 14, 2003

NOTARY PUBLIC State of Florida

#### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED AGENT/REGISTERED OFFICE, IN THE STATE OF FLORIDA.

- 1. The name of the limited liability company is: PHARMCARE L.L.C.
- 2. The name and address of the registered agent and office is:

VIKAS V. GHIYA 5112 Stonehurst Road Tampa, Florida 33647

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.

Date

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