

Medx Management

P.O. Box 468
Mount Dora, FL 32756
(352) 874-6208

L00000010471

August 21, 2000

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314
(850) 487-6051

Dear Sir or Madam:

The following letter has been included along with the articles of organization and a check for the requested Limited Liability Company, "Medx Management".

The enclosed check has been made for the amount of \$155.00 to cover:

Filing Fee for Articles of Organization

Designation of Registered Agent

Certified Copy

The following "point of contact" is being submitted as requested.

Mr. Russell Estes

208 West 9th Avenue

Mount Dora, FL 32757-4872

Daytime Phone (352) 874-6208

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***155.00 ***155.00

Respectfully,



Russell Estes
Partner

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Medx Management, L.L.C.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

P.O. Box 468

208 W. 9th Ave.

Mount Dora, FL 32756

Mount Dora, FL 32757

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Russell Estes

Name

208 W. 9th Ave.

Florida street address (P.O. Box NOT acceptable)

Mount Dora

FL

32757

City, 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..

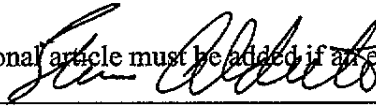


Registered Agent's Signature

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.)

STEVE ALBRETE

Typed or printed name of signee

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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 AUG 23 AM 8:53

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