

OCT. 11. 2000
Division of Corporations

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FOLEY & LARDNER

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To:
Division of Corporations
Fax Number : (850)922-4003

From:
Account Name : FOLEY & LARDNER
Account Number : 072720000061
Phone : (904)359-2000
Fax Number : (904)359-8700

LIMITED LIABILITY COMPANY

MICRO-MED OF CENTRAL GEORGIA ANCILLARY SERVICES LLC

| | |
|-----------------------|----------|
| Certificate of Status | 1 |
| Certified Copy | 1 |
| Page Count | 01 |
| Estimated Charge | \$160.00 |

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

00 OCT 11 PM 3:46

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10/11

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

Fax Audit No. H00000053737

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

MICRO-MED OF CENTRAL GEORGIA ANCILLARY SERVICES LLC.**ARTICLE II - Address:**

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

4269 Interstate Parkway, Macon, Georgia 31210.

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

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

FRANCIS M. SCHEU

Name

5169 WEST 12TH STREETFlorida street address (P.O. Box NOT acceptable)JACKSONVILLE, FL 32254

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 completed 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.


Francis M. ScheuDate: October 11, 2000**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.)

Francis M. Scheu, member

Typed or printed name of signer

FILING FEES:

\$100.00 Filing Fee for Articles of Organization
\$25.00 Designation of Registered Agent
\$30.00 Certified Copy (OPTIONAL)

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