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**Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 922-4003

From:
Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 541-3694
Fax Number : (305) 541-3770

LIMITED LIABILITY COMPANY

MEDCHOICE PHARMACY AND INFUSION SERVICES OF TAMPA, L

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

SECRETARY OF STATE
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01 FEB 22 AM 10:44

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ARTICLES OF ORGANIZATION

OF H 01000019651

MEDCHOICE PHARMACY AND INFUSION SERVICES OF TAMPA, LLC

I, the undersigned, being of legal age and a natural person, do hereby subscribe to, acknowledge and file the following Articles of Organization for the purpose of creating a limited liability company under the laws of the State of Florida.

ARTICLE I

The name of this limited liability company shall be: MedChoice Pharmacy and Infusion Services of Tampa, LLC.

ARTICLE II

The mailing address and street address of the principal office of the limited liability company shall be 12349 S.W. 53rd Street, Suite 205, Cooper City, Florida 33330, with the privilege of having its offices and branch offices at other places within or without the State of Florida.

ARTICLE III

The initial registered office of this limited liability company is 12349 S.W. 53rd Street, Suite 205, Cooper City, Florida 33330. The initial registered agent at that address is Robert D. Stevens.

ARTICLE IV

The limited liability company is to be managed by one manager or more managers and is, therefore, a manager-managed company.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization this 15 day of February, 2001.

By: 
ROBERT D. STEVENS, Member

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③

STATE
TALLAHASSEE
FLORIDA

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE****H 01000019651**

Pursuant to the provisions of section 608.415, Florida Statutes, the undersigned limited liability company submits the following statement in designating the registered office/registered agent, in the State of Florida.

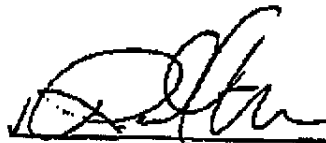
FIRST -- The name of the limited liability company is MedChoice Pharmacy and Infusion Services of Tampa, LLC.

SECOND -- The name and address of the registered agent and office is:

Robert D. Stevens
MedChoice, LLC
12349 S.W. 53rd Street, Suite 205
Cooper City, FL 33330

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.

Dated this 15 day of February, 2001.



ROBERT D. STEVENS, Registered Agent

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