TOWNSEND & BRANNON ATTICKNYS IND TO A ELOKSAT LAN 08 /. HOR ATTO IT LEET TAM A, F. LIDA 106-221

ANITA C. BRANNON DAVID A. TOWNSEND

TELEPHONE (813) 254-0088 FACSIMILE (813) 254-0093

Writer's E MAIL address: david@townsendbrannon.com

February 26, 2001

Secretary of State Division of Corporations P. O. Box 6327 Tallahassee, Fl 32314

200003789702--0 -02/28/01--01067-013 *****100.00 ****100.00

Re: JANUS MEDICAL EXPERTS, LLC

Greetings:

Enclosed are the original Articles of Organization for Florida Limited Liability Company and Certificate of Designation for Janus Medical Experts, LLC, the corporation referenced above.

I am also enclosing two checks for a total of \$125.00 which represents the charge for filing the articles.

An extra copy of the Articles is enclosed to be date stamped and returned to us in the enclosed pre-addressed, stamped envelope.

Your attention to this is appreciated.

Yours truly,

903789702--0 -02/28/01--01067--014 /*****25.00 *****25.00

DAVID A. TOWNSEND

DAT:bt

Enclosures

(Original + copy) Articles of Organization & Certificate of Designation

SASE

Checks for \$125.00

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

JANUS MEDICAL EXPERTS, LLC

ARTICLE II - Address:

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

608 W. Horatio Street Tampa, Florida 33606

ARTICLE III - Registered Agent

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

David A. Townsend, Esq. 608 W. Horatio Street Tampa, Florida 33606

ARTICLE IV - Management:

(Check the appropriate box)

□ The Limited Liability Company is to be manager-managed company. The Limited Liability Company is to be managed by the members. TEB 28 PM 5: 0

Signature of a member or an authorized representative of a member

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

DAVID A. TOWNSEND, ESQ.

Typed or printed name of signee

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 SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the lin	nited liability company is: JANUS Medical	Experts,
2. The name and the	Florida street address of the registered agent are: David Townsend, Esq. NAME	
- -	608 W. HORATIO ST. Florida street address (P.O. Box NOT ACCEPTABLE) Tampa FL 33606 CITY, STATE AND ZIP	FILED OFFEB 28 PM 5: SPORETANY OF SU OFFER ALL SPORES

Having been names as registered agent and to accept service of process for the above stated; limited l; liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

SIGNATURE

Filing Fee: \$25 for Designation of Registered Agent