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ALSO ADMITTED TO: *D.C. BAR **GA BAR

April 2, 2001

VIA FEDEX

Florida Department of State
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

200003953482--9
-04/03/01--01071--005
****155.00 ****155.00

RE: Formation of Florida Medical Express, L.L.C.
K&R File No. 174.0101

Dear Madam or Sir:

Enclosed herewith please find the following:

1. Articles of Organization for Florida Medical Express, L.L.C., (original and conformed copy).
2. Certificate of Designation of Registration Agent/Registered Office.
3. Our firm check in the amount of \$155.00 to cover the cost of filing the Articles of Organization, the Certificate of Designation of Registered Agent and our request for a Certified Copy of the Articles of Organization.

Should you have any questions, please feel free to contact the undersigned at (334) 409-2241. Thank you for your assistance in this matter.

Sincerely,

KAUFMAN & ROTHFEDER, P.C.

Robert M. Ritchey
Robert M. Ritchey

L01-5437
QR

RMR/r

enclosures (1-check)

xc: Donald A. Motes
Billy Polk

**ARTICLES OF ORGANIZATION
OF
FLORIDA MEDICAL EXPRESS, L.L.C.**

TO THE SECRETARY OF STATE FOR THE STATE OF FLORIDA:

The undersigned, desiring to form a limited liability company under the laws of the State of Florida, does hereby adopt the following Articles of Organization:

ARTICLE I

NAME AND ADDRESS

The name of the limited liability company shall be Florida Medical Express, L.L.C. (the "Company"). The street address and mailing address of the Company is 710 S. E. Avenue B (Highway 98), Suite 10, Carrabelle, Franklin County, Florida 32322.

ARTICLE II

**LOCATION OF REGISTERED OFFICE
AND NAME OF REGISTERED AGENT**

The initial registered office of the Company shall be at 710 S.E. Avenue B (Highway 98), Suite 10, Carrabelle, Franklin County, Florida 32322, and the name of the initial registered agent shall be Donald A. Motes at the above address.

ARTICLE III

ORGANIZER

The name and address of the Organizer, who is also a Member of the Company is:

Name

Alabama Medical Express, Inc.

Address

466 E. Main Street
Prattville, Alabama 36067

FILED
01 APR - 2 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV
MANAGEMENT

The Company is to be managed by one manager or more managers and is, therefore, a manager-managed company. The name and business address of the initial Manager is:

Names	Addresses
Alabama Medical Express, Inc.	466 E. Main Street Prattville, Alabama 36067

The Manager(s) may be removed and replaced by the Members, as provided in the Operating Agreement.

ARTICLE V
ADDITIONAL MEMBERS

The Members reserve the right to admit additional Members upon the unanimous agreement of the Members as to the admission of, and the consideration to be paid by, such new Members, and subject to the terms and conditions of the Company's Operating Agreement.

ARTICLE VI
OPERATING AGREEMENT

The Operating Agreement of the Company shall be executed by each Member of the Company and shall set forth all provisions for the affairs of the Company and the conduct of its business to the extent that such provisions are not inconsistent with law or these Articles.

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01/02/03 PM 5:10
CLERK OF COURT
JANUARY 2 2003

ARTICLE VII

LIABILITIES OF MEMBERS AND THE MANAGER

The Members and the Manager of the Company are not liable under a judgment, decree or order of a court, or in any other manner, for a debt, obligation or liability of the Company.

IN WITNESS WHEREOF, the undersigned Organizer has caused these Articles of Organization to be executed this 2 day of April, 2001.

ALABAMA MEDICAL EXPRESS, INC.

By:

Donald A. Motes

Donald A. Motes, Vice President
Organizer and Member

FILED

01 APR -3 PM 5:00

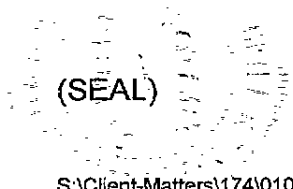
NOTARY PUBLIC
STATE OF ALABAMA

STATE OF ALABAMA

MONTGOMERY COUNTY

I, the undersigned, a Notary Public in and for said County in said State, hereby certify that Donald A. Motes, as Vice President of Alabama Medical Express, Inc., an Alabama corporation, whose name as the Organizer is signed to the foregoing, and who is known to me, acknowledged before me on this day that, being informed of the contents of said instrument, he executed the same voluntarily on the day the same bears date.

Given under my hand and official seal, this 2nd day of April, 2001.



Robert M. Litchey
Notary Public
My Commission Expires: _____

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My Commission Expires 8/03/02

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01 APR -3 PM 5:00
SECURITY STATE
MONTGOMERY COUNTY, ALABAMA

**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 IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

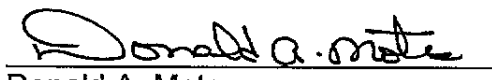
1. The name of the limited liability company is:

Florida Medical Express, L.L.C.

2. The name and address of the registered agent and office is:

Donald A. Motes
710 S.E. Avenue B (Highway 98)
Suite 10
Carrabelle, Franklin County, Florida 32322

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.


Donald A. Motes
(Signature)

4-2-01
(Date)

FILED
01 APR -3 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA