CORPORATION SYSTEM CORPORATION(S) NAME DODOODOS AmeriMed Industries, LLC 0 200114154372 5 -04/24/01--01088--002 *****150.00 *****160.00 () Profit () Amendment () Merger () Nonprofit () Nonprofit () Foreign () Dissolution/Withdrawal () Mark

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() Nonprofit		-	
() Foreign	() Dissolution/Withdrawal	() Mark	
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() Limited Partnership	() Annual Report	() Other	
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660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615 APPAROY.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

AmeriMed Industries, LLC

ARTICLE II - Address:

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

111 East Lee Road, Delray Beach, Florida 33445

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

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

C T Corporation System	
Name	_
c/o CT Corporation System, 1200 South Pine Island Road	
Florida street address (P.O. Box NOT acceptable)	
Plantation FL 33324	
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..

C T Corporation System

C T Corporation System

BABARA A. BURKE

Registered Agent's Signature

SPECIAL ASSISTANT SECRETARY

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.

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.)

Montgomery L. Byers JR.
Typed or printed name of signee

FILING FEES:

\$ 100.00 Filing Fee for Articles of Organization

S 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (OPTIONAL)

\$ 5.00 Certificate of Status (OPTIONAL)

OI APR 24 PH 2: 00
SECRETARY OF STATE
PALLAHASSEE, FRAME