



L010000008933

ACCOUNT NO. : 072100000032

REFERENCE : 165150 7273324

AUTHORIZATION :

Patricia Pigute

COST LIMIT : \$ 125.00

ORDER DATE : May 26, 2001

ORDER TIME : 3:10 PM

ORDER NO. : 165150-001

800004341048--1

CUSTOMER NO: 7273324

CUSTOMER: Mr. David Martin
Mr. David Martin

3761 Countryside Rd

Sarasota, FL 34233

DOMESTIC FILING

NAME: AMMEX MEDICAL, LLC

EFFECTIVE DATE:

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Darlene Ward- EXT. 1135

EXAMINER'S INITIALS:

JB
W5

DIVISION OF CORPORATION

RECEIVED
01 JUN -4 PM 4:33
01 JUN -4 AM 9:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

AMMEX MEDICAL, LLC

ARTICLE II - Address:

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

5353 South Tamiami Trail, Suite M, Sarasota, Florida 34233

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

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

Corporation Service Company

Name

1201 Hays Street

Florida street address (P.O. Box NOT acceptable)

Tallahassee FL 32301

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..

Corporation Service Company

By: See Attached

Registered Agent's Signature

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)

Laura R. Dunlap
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.)

Laura R. Dunlap

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)
\$ 5.00 Certificate of Status (Optional)

01 JUN -14 AM 9:24
APPROVED
AND
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Jun-04-01 01:39P MARY E. VAN WINKLE, P.A. 941-923-0174
Jun 01 01 09:35a Genesis Center 941-924-1270

P.02
P.2

FILE No.518 05/31 '01 15:53 ID:CSC

FAX:8505211010

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ACCEPTANCE OF REGISTERED AGENT
DESIGNATED IN THE ARTICLES OF INCORPORATION

Mary E. Van Winkle, an individual residing in this state, having a business office identical with the registered office of the corporation named below, and having been designated as the Registered Agent in the above and foregoing Articles of Incorporation of:

AMMEX MEDICAL, LLC

Mary E. Van Winkle is familiar with and accepts the obligations of the position of Registered Agent under Section 607.0505, Florida Statutes.

By: Mary E. Van Winkle
Typed Name: Mary E. Van Winkle

dck

APPROVED
AND
FILED
01 JUN -4 PM 9:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MANAGER OF AMMEX MEDICAL, LLC

Dr. David Martin
Mgr.

3761 Countryside Road
Sarasota, Florida 34233

dew

APPROVED
AND
FILED
01 JUN -4 AM 9:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED POWER OF ATTORNEY

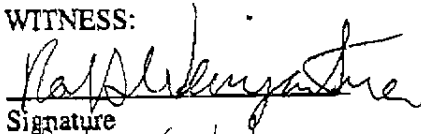
The undersigned hereby designates Corporation Service Company ("CSC"), a Delaware corporation qualified to do business in the State of Florida, as its attorney-in-fact for the limited purpose of executing on behalf of the undersigned the original Articles of Organization of AMMEX MEDICAL, LLC, a Florida limited liability company, for the further purpose of filing such Articles of Organization with the State of Florida Department of State, and for no other purpose. The power granted hereby shall be exercisable and effective upon execution of the Limited Power of Attorney by the undersigned and upon delivery of the original or a copy thereof by facsimile or other means to CSC. This grant of power shall be revoked immediately after the filing of the Articles of Organization of the LLC with the State of Florida Department of State. All parties who review the original or a copy of this Limited Power of Attorney may rely upon it and the exercise of the limited power granted herein without making further inquiry as to the matters described herein or the authority of CSC to act hereunder.

This Limited Power of Attorney is executed on this 4th day of June, 2001


Signature

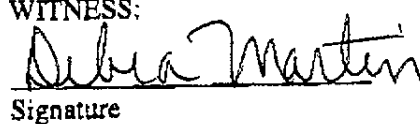
Dr. David Martin
Print Name of Signer

WITNESS:


Signature

Robert WEINGARTNER
Print Name of Witness

WITNESS:


Signature

Debra Martin
Print Name of Witness

APPROVED
AND
FILED
01 JUN -4 PM 9:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA