

IncAdvantage.com, Inc.

51 Everett Drive, Suite B-60
P. O. Box 927
West Windsor, NJ 08550-0927
877-462-2388
609-716-0820

LO1000017187

October, 2008

Division of Corporations
Florida Dept Of State
409 E Gaines Street
Tallahassee, FL 32314

RE: West Coast Integrated Health Care, LLC

Dear Sir/Madam

For the purposes of forming the above captioned entity, enclosed herewith in duplicate is Articles of Organization accompanied by our check in the amount of \$155.00

Please proceed with the filing of the enclosed, returning official receipts and evidence of the undersigned in the enclosed self addressed stamped envelope.

If you should need additional information, please do not hesitate to contact our office at 877-462-2388.

Thank you in advance for your cooperation in this matter.

Sincerely,

Margaret Timmins

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: West Coast Integrated Health Care, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 3450 East Lake Road, Suite 304, Palm Harbor, Florida 34685

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

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

David Hicks
Name
3450 East Lake Road Suite 304
Florida street address (P.O. Box **NOT** acceptable)
Palm Harbor FL 34685
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..

David Hicks

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)

Signature of a member or 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.)

David Hicks

Typed or printed name of signee

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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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