PAGE 01/02

Division of Corporations

Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H02000060593 9)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

AL

To:

Division of Corporations

Fax Number : (850)205-0383

From:

: STEVEN M. CHAMBERLAIN, P.A. Account Name

Account Number : 120010000119 Phone (352)375-8540 Fax Number

: (352)375-8554

UIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

HEALTHSCREEN AMERICA - JACKSONVILLE, LC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

E02000060593

ARTICLES OF ORGANIZATION OF HEALTHSCREEN AMERICA - JACKSONVILLE, LC

- 1. <u>Name</u>: The name of the limited liability company (hereinafter "company") is HEALTHSCREEN AMERICA JACKSONVILLE, LC.
- 2. Existence. The company shall have perpetual existence. The company shall commence existence on March 19, 2002.
- 3. Location. The mailing address, street address and address of the principal office of the company are the same, to wit: 7818 Philips Highway, Jacksonville, FL 32256.
- 4. Registered Agent. The street address in the State of Florida of the initial registered office of the company is 618 NE 1st Street, Gainesville, FL 32601 and the name of its initial registered agent at such address is Steven M. Chamberlain.
- 5. Management. The company shall be managed by one or more Managers as set forth in the Membership Agreement. The initial Managers are Christopher T. Fey and Frederick W. Fey, the address of each being 7818 Philips Highway, Jacksonville, FL 32256.

The undersigned, being an authorized representative of a member of the company, for the purpose of forming a Florida limited liability company to do business both within and without the State of Florida, does make, subscribe, acknowledge and file these Articles, hereby declaring and certifying that the facts herein stated are true.

Steven M. Chamberlain, Authorized Representative March 19, 2002

The undersigned hereby accepts his appointment as registered agent for HEALTHSCREEN AMERICA - JACKSONVILLE, LC and declares that he is familiar with and accepts the duties and obligations as registered agent as provided for in chapter 608 Florida Statutes (1999).

Steven M. Chamberlain

March 19, 2002