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## LIMITED LIABILITY COMPANY

pharmacare group, LLC.

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Katherine Harris  
Secretary of State

May 9, 2002

EMPIRE

SUBJECT: PHARMACARE GROUP, L.L.C.  
REF: W02000013417

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The sentence above Article I is referring to the entity as a corporation. Please amend the document.

Limited Liability Companies are not corporations. Limited Liability Companies are unique business entities with special characteristics and attributes formed under Chapter 608, Florida Statutes. Corporations, on the other hand, are formed under Chapter 607, Florida Statutes, and possess other distinctive traits and characteristics. Consequently, limited liability company documents cannot contain any references/terms which may implicate the entity is a corporation. Please delete any references to the term "corporation" or the like from your document.

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ARTICLES OF ORGANIZATION

FOR FLORIDA LIMITED LIABILITY COMPANY

OF

PHARMACARE GROUP, L.L.C., a Florida Limited Liability Company

The undersigned files these Articles of Organization in order to form a Limited Liability Company under the laws of the State of Florida.

ARTICLE I. NAME

The name of this Limited Liability Company is: PHARMACARE GROUP, L.L.C.

ARTICLE II. ADDRESS

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

901 Ponce De Leon Blvd.  
Suite #601  
Coral Gables, Florida 33134

ARTICLE III. REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE:

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

FRANK J. SEGREGO, ESQUIRE  
901 Ponce de Leon Blvd.,  
Suite #601  
Coral Gables, Florida 33134

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.

  
FRANK J. SEGREGO, ESQUIRE

Frank J. Segredo, Esquire  
901 Ponce de Leon Blvd., Suite 601  
Coral Gables, Florida 33134  
Tel. (305) 444-1741 Fax (305) 444-7637  
Fl. Bar No. 358010

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ARTICLE IV. MANAGEMENT


The Limited Liability Company is to be managed by **MARCOS R. PADRON**, and is, therefore, a manager- managed company.

IN WITNESS WHEREOF, the undersigned, **MARCOS R. PADRON**, as Manager of **PHARMACARE GROUP, L.L.C.**, a Florida Limited Liability Company does hereby execute and file these Articles, declares and certifies that the facts herein stated are true this \_\_\_ day of May, 2002.

  
**MARCOS PADRON, Manager**

STATE OF FLORIDA  
 COUNTY OF MIAMI-DADE

The foregoing instrument was acknowledged before me this 6 day of May, 2002, by **MARCOS PADRON**, as Manager of **PHARMACARE GROUP, L.L.C.**, a Florida Limited Liability Company, whois personally known to me or who has produced a driver's license as identification and who did take an oath.

  
 Notary Public, State of Florida

My Commission Expires:



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