



LOZO 00023106

ACCOUNT NO. : 072100000032

REFERENCE : 732892 7742A

AUTHORIZATION :

Patricia Pignata

COST LIMIT : \$ 185.00

ORDER DATE : September 5, 2002

ORDER TIME : 3:20 PM

ORDER NO. : 732892-005

700007548567--5

CUSTOMER NO: 7742A

CUSTOMER: Crisele Torres, Secretary
Tew Cardenas Rebak Kellogg
Lehman Demaria & Tague, Llp
Suite 2600
201 S. Biscayne Boulevard
Miami, FL 33131

DOMESTIC FILING

NAME: HYGEIA MEDICAL EQUIPMENT,
L.L.C.

EFFECTIVE DATE:

- ARTICLES OF INCORPORATION
- CERTIFICATE OF LIMITED PARTNERSHIP
- ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY (2)
- PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward - EXT. 1135

EXAMINER'S INITIALS:

RECEIVED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 02 SEP -5 PM 1:13
 DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

APPROVED
 AND
 FILED

JP
9/6/02

Sep-25-2002 10:04am From-
SEP-04-2002 05:23PM FROM-TEW CARDENAS REBAK

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**ARTICLES OF ORGANIZATION
FOR
HYGEIA MEDICAL EQUIPMENT, L.L.C. a Florida limited liability company**

ARTICLE I.- NAME

The name of this limited liability company is HYGEIA MEDICAL EQUIPMENT, L.L.C., a Florida limited liability company.

ARTICLE II. - ADDRESS

The mailing address and street address of the principal office of the limited liability company is 50 Main Street, Suite 435, White Plains, NY 10606, or at such other location as may hereafter be determined by the Members.

ARTICLE III. - REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURES:

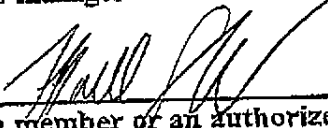
The name and the Florida street address of the registered agent is: Ellen A. Feinberg, Esq., c/o TEW CARDENAS REBAK KELLOGG LEFMAN DEMARIA TAGUE RAYMOND & LEVINE, L.L.P., 201 South Biscayne Boulevard, 26th Floor, Miami, Florida 33131.

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 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,


REGISTERED AGENT'S SIGNATURE

ARTICLE IV. - MANAGEMENT

The limited liability company is to be managed by a manager and the name and address of the person who is to serve as manager is: Maxwell Stolzberg, 50 Main Street, Suite 435, White Plains, NY 10606.


Signature of a member or an authorized representative of a member

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Maxwell Stolzberg
Typed or printed name of SIGNEE

02 SEP -5 PM 1:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVE
AND
FILED