ALLAN M. GLASER, P.A.

Biscayne Centre Suite 807

11900 Biscavne Boulevard



Registration Section Division of Corporation P.O. Box 6327 Tallahassee, Florida 32314

****528,08

Re:

Articles of Organization for

Rockaway Partners, Apex Medicai Systems, Entire Healthcare Systems, Clinicare

Systems, LLC

Our File No. 4109-2

Dear Sir or Madam:

Enclosed please find the following:

Articles of Organization for Rockaway Partners, LLC a Florida Limited Liability 1. Company.

Articles of Organization for Apex Medical Systems, LLC a Florida Limited Liability 2.

Company.

3. Articles of Organization for Entire Healthcare Systems, LLC a Florida Limited Liability Company.

Articles of Organization for Clinicare Health Systems, LLC a Florida Limited Liability 4.

Company.

A check payable to the FLORIDA DEPARTMENT OF STATE in the amount of \$520.00 5. for the filing fee for the Articles of Organization and Designation of Registered Agent, together with the fee for the return of a Certificate of Status.

I look forward to a prompt receipt of the letter of acknowledgement together with the Certificate of Status. If you have any questions regarding the above request, please call the undersigned.

ALLAN M. GLASER

P. S. a return enrelope in eveloped.

AMG/to Enc.

127674109-2/091702

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ROCKAWAY PARTNERS, LLC

ARTICLE II - Address:

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

11900 Biscayne Boulevard Suite 807 Miami, Florida 33181

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signatur The name and the Florida street address of the registered agent are:

ALLAN M. GLASER, P.A.

11900 Biscayne Boulevard; Suite 807 Florida street address (P.O. Box NOT acceptable)

Miami, Florida 33181

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.

ARTICLE IV - Management (Check box if applicable.)

 \mathbf{X} 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 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.)

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)