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To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : ARAZOZA, COMAS, DE TORRES & FERNANDEZ-FRAGA

Account Number : 076624003440 Phone : (305)444-6226

Fax Number : (305) 442-4829

BK

LIMITED LIABILITY COMPANY

MIAMI-DADE HEALTH CARE MANAGEMENT SYSTEMS LLC.

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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ARTICLES OF ORGANIZATION

OF

MIAMI-DADE HEALTH CARE MANAGEMENT SYSTEMS LLC.

The undersigned members to these Articles of Organization hereby associate themselves together 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: MIAMI-DADE HEALTH CARE MANAGEMENT SYSTEMS LLC.

ARTICLE II GENERAL NATURE OF BUSINESS

The Limited Liability Company may engage in any activity or business permitted under the laws of the United States and of the State of Florida.

ARTICLE III TERM OF EXISTENCE

This Limited Liability Company is to exist perpetually. The Limited Liability Company's business will continue without regard to the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the Limited Liability Company.

ARTICLE IV ADDRESS

The principal office and mailing address of this Limited Liability Company in the State of Florida is 2260 SW 8th Street, 3rd Floor, Miami, Florida 33135. The Board of Managers may from time to time move the principal office to another address in Florida.

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ARTICLE V REGISTERED OFFICE. REGISTERED AGENT

That MIAMI-DADE HEALTH CARE MANAGEMENT SYSTEMS LLC., desiring to organize under the laws of the State of Florida, with its principal office as indicated in the Articles of Organization at the County of Miami-Dade, State of Florida, hereby designates ARAZOZA & FERNANDEZ-FRAGA, P.A., as its Registered Agent to accept services within the State. The registered office of the Limited Liability Company shall be 2100 SALZEDO STREET, SUITE 300, CORAL GABLES, FL 33134.

ARTICLE VI MANAGEMENT

The Limited Liability Company is to be managed by one or more managers and is, therefore, a manager - managed company.

WITNESS the hand and seal of the members in Miami-Dade County, State of Florida, this 15th day of October, 2002.

Authorized Representative of Member

STATE OF FLURIDA))
COUNTY OF MIAMI-DADE)
PERSONALLY appeared before	ore me, CARLOS F. ARAZOZA, who produced
	or is personally known to me, who being by me first duly sworn, same for the purposes therein expressed.

WITNESS my hand and seal at Miami-Dade County, Florida this 15th day of October, 2002,

Ana M. Bascuas
Commission # 00 900882
Emires Feb. 26, 2004
Bonded Thru
Atlantic Bonding Co., Inc.

NOTARY PUBLIC, STATE OF FLORIDA

AT LARGE

My commission expires:

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CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN FLORIDA, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

In compliance with Section 48.091, Florida statutes, the following is submitted:

FIRST: That MIAMI-DADE HEALTH CARE MANAGEMENT SYSTEMS LLC., desiring to organize or qualify under the laws of the State of Florida, with its principal place of business at the County of Miami-Dade, State of Florida, designates ARAZOZA & FERNANDEZ FRAGA, P.A., as its Registered Agent to accept services within the State. The registered office of the Limited Liability Company shall be 2100 SALZEDO STREET, SUITE 300, CORAL GABLES, FL 33134.

Having been named to accept service of process for the above stated Limited Liability Company, at the place designated in this certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.

REGISTERED AGENT

CARLOS F. ARAZOZA

Managing Director

Arazoza & Fernandez-Fraga, P.A.

Date: October 15, 2002

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