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To:

Division of Corporations
Fax Number : (850) 205-0383

From: Nery C. Toledo, Legal Assistant

Account Name : AKERMAN, SENTERFITT & EIDSON, P.A.
Account Number : 075471001363
Phone : (305) 374-5600
Fax Number : (305) 374-5095

BK

LIMITED LIABILITY COMPANY

EXTREME-MEDICAL, LLC

| | |
|-----------------------|----------|
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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION
OF
EXTREME-MEDICAL, LLC**

ARTICLE I: - Name

The name of the Limited Liability Company is: **Extreme-Medical, LLC**

ARTICLE II: - Address

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

7900 Nova Drive, Suite 208
Davie, Florida 33324

ARTICLE III: - Registered Agent, Registered Office, & Registered Agent's Signature

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


David Pasternak
7900 Nova Drive, Suite 208
Davie, Florida 33324

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.


David Pasternak, Registered Agent

ARTICLE IV: - Management

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


Signature of a member or an authorized representative of a member.

(In accordance with section §608(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

David Pasternak
Typed or printed name of signee
Dated this 17 day of October, 2002.

{MIS4742;1}

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