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DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

HealthLabs, LLC

Name Availability	
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FAX AUDIT # H020002231957

**ARTICLES OF ORGANIZATION
OF
HealthLabs, LLC**

ARTICLE I NAME

The name of the limited liability company shall be: **HealthLabs, LLC**

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 4420 Lake in the Woods Drive, Spring Hill, Florida 34607.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Tom Dowd, 4420 Lake in the Woods Drive, Spring Hill, Florida 34607. Located in the County of Hernando.

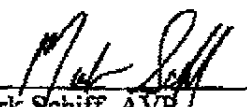
ARTICLE IV DURATION

The duration for the limited liability company shall be: 12/31/2042.

ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Managers and the name and address of the manager of the Limited Liability Company is:

Tom Dowd, 4420 Lake in the Woods Dr., Spring Hill, Florida 34607


Mark Schiff, AVP
Business Filings Incorporated
Authorized Representative

Prepared by Mark Schiff, Business Filings Incorporated, 8025 Excelsior Dr., Suite 200,
Madison, WI 53717
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TALLAHASSEE, FLORIDA

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FAX AUDIT # 11020002231957CERTIFICATE OF DESIGNATION OF REGISTERED
AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: **HealthLabs, LLC**

The name and address of the registered agent and office is Tom Dowd, 4420 Lake in the Woods Drive, Spring Hill, Florida 34607. Located in the County of Hernando.

Having been named as registered agent and to accept service of process for the above stated corporation 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.

Signature: _____

Tom Dowd

Date: November 6, 2002

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