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To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : HOME QUALITY MANAGEMENT INC

Account Number : I20020000161 : (561)627-0664 : (561)627-4948 Fax Number

LIMITED LIABILITY COMPANY

PharmaSTAT Florida, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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Articles of Organization

of

PharmaSTAT Florida, LLC

I, the undersigned, an authorized representative of the Members, hereby make, acknowledge and file these Articles of Organization for the purpose of forming a limited liability company under the laws of the State of Florida.

ARTICLE I NAME

The name of this Limited Liability Company is:

PharmaSTAT Florida, LLC

ARTICLE II ADDRESS

The mailing address and the principal office address is:

2401 PGA Boulevard, Suite 155 Palm Beach Gardens, Florida 33410

ARTICLE III DURATION

The period of duration for the Limited Liability Company shall be perpetual.

ARTICLE IV MANAGEMENT

The powers of the Limited Liability Company shall be exercised by or under the authority of, and the business and affairs of the Limited Liability Company shall be managed under the direction of its Members and is, therefore, a member-managed company.

ARTICLE Y ADMISSION OF ADDITIONAL MEMBERS

The Members shall have the right to admit additional members.

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IN WITNESS WHEREOF, the undersigned, an authorized representative of the sole Member has made and subscribed these Articles of Organization at Palm Beach Gardens, Florida, for the uses and purposes aforesaid, this 26th day of November, 2002

Sandra Adams, An Authorized Representative of

the Members

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

PharmaSTAT Florida, LLC

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

Sandra Adams 2401 PGA Boulevard, Suite 155 Palm Beach Gardens, Florida 33410

Having been named as registered agent to accept service of process for the above-stated limited liability company, at the location designated herein, I hereby consent to and accept the appointment to act in this capacity, acknowledge that I am familiar with and accept the obligations of a registered agent and agree to comply with the laws of Florida applicable thereto.

Sandra Adams, Registered Agent

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