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ACCOUNT NO. : 072100000032 REFERENCE: AUTHORIZATION : COST LIMIT : \$ 125.00 December 16, 2002 ORDER DATE : ORDER TIME: 10:48 AM ORDER NO. : 859134-001 CUSTOMER NO: 7360518 CUSTOMER: Ms. Linda K. Duval Ms. Linda K. Duval 6264 Nw 102nd Way Parkland, FL 33076 DOMESTIC FILING HEALTHCARE ACQUISITION NAME: PARTNERS, LLC EFFECTIVE DATE: ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY _ PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

EXAMINER'S INITIALS:

CONTACT PERSON: Susie Knight - EXT. 1156

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
HEALTHCARE ACQUISITION PARTNERS, LLC
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
6264 NW 102ND WAY, PARKLAND, FL 33076
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:
Corporation Service Company Name
1201 Hays Street
Florida street address (P.O. Box NOT acceptable)
Tallahassee FL 32301 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 a 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. Corporation Service Company By: Registered Agent's Signature Registered Agent's Signature Registered Agent's Signature
(An additional article must be added if an effective date is requested)
Signature of a 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.) DEBORAH D. SKIPPER

Filing Fees:
\$100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

Typed or printed name of signee

\$ 5.00 Certificate of Status (Optional)

HEALTHCARE ACQUISITION PARTNERS, LLC MANAGING MEMBERS LIST

LINDA K. DUVAL 6264 NW 102ND WAY PARKLAND, FL 33076

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LIMITED POWER OF ATTORNEY

The undersigned hereby designates Corporation Service Company ("CSC"), a Delaware corporation qualified to do business in the State of Florida, as its attorney-in-fact for the limited purpose of executing on behalf of the undersigned the original Articles of Organization of HEALTHCARE ACQUISITION PARTNERS, LLC (the "LLC"), a Florida limited liability company, for the further purpose of filing such Articles of Organization with the State of Florida Department of State, and for no other purpose. The power granted hereby shall be exercisable and effective upon execution of the Limited Power of Attorney by the undersigned and upon delivery of the original or a copy thereof by facsimile or other means to CSC. This grant of power shall be revoked immediately after the filing of the Articles of Organization of the LLC with the State of Florida Department of State. All parties who review the original or a copy of this Limited Power of Attorney may rely upon it and the exercise of the limited power granted herein without making further inquiry as to the matters described herein or the authority of CSC to act hereunder.

This Limited Power of Attorney is executed on this / 7 day of Occ . 200

Signature

Print Name of Signer

WITNESS:

Signature

CAROL LOUDEN

Print Name of Witness

MITMEDO:

Signature

Print Name of Witness