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Florida Department of State
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To:

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

From:

Account Name : ANSBACHER & SCHNEIDER, PA
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Phone : (904) 296-0100
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DIVISION OF CORPORATION

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LIMITED LIABILITY COMPANY

L S Medical, L.L.C.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION OF
L S MEDICAL, L.L.C.

ARTICLE I

The name of this Limited Liability Company shall be L S Medical, L.L.C., a limited liability company.

ARTICLE II

L S Medical, L.L.C. shall have perpetual existence.

ARTICLE III

L S Medical, L.L.C. is created to engage in any lawful act, business or activity for which limited liability companies may be formed under the laws of the State of Florida and to do any and all other things which are necessary, desirable or incidental to the foregoing purpose.

ARTICLE IV


The principal place of business of L S Medical, L.L.C. shall be 1400 Bishop Estates Road, Jacksonville, Florida 32259 and the mailing address shall be P.O. Box 551260, Jacksonville, Florida 32255 and such other place or places as the Member from time to time may determine.

The initial registered agent of L S Medical, L.L.C. shall be Michael N. Schneider whose address is 5150 Belfort Road, Building 100, Jacksonville, Florida, 32256.

ARTICLE V

L S Medical, L.L.C. will be managed by its Members.

IN WITNESS WHEREOF, these Articles of Organization have been duly
executed.



Michael N. Schneider
Authorized Representative

Michael N. Schneider
Fl. Bar No. 166929
P.O. Box 551260
Jacksonville, FL 32255-1260
(904) 296-0100

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 608.415, Florida Statutes, the undersigned limited liability company submits the following statement in designating the registered office/registered agent, in the State of Florida.

The name of the organization is L S Medical, L.L.C., a limited liability company.

The name and address of the registered agent and office is:

Michael N. Schneider
5150 Belfort Road, Building 100
Jacksonville, FL 32256

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.

Michael N. Schneider
Michael N. Schneider, Registered Agent

March 5, 2003
Date

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AND
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TALLAHASSEE, FLORIDA

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