

MAY-12-2003 MON 11:42 AM

FAX NO.

P. 21

Division of Corporations

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**W03 6006 16936**

JOEANN McCLANDON /  
Org of LLCs / Health Care Products International

Florida Department of State  
Division of Corporations  
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To:

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Fax Number : (850)205-0383

From:

Account Name : ZIMMERMAN, SHUFFIELD, KISER & SUTCLIFFE, P.A.  
Account Number : I19990000006  
Phone : (407)425-7010  
Fax Number : (407)425-2747

**LIMITED LIABILITY COMPANY**

**HEALTH CARE PRODUCTS INTERNATIONAL, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

**W03-16936**  
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**ARTICLES OF ORGANIZATION**

**HEALTH CARE PRODUCTS INTERNATIONAL, LLC  
A Florida Limited Liability Company**

**ARTICLE I  
NAME**

The name of this limited liability company is HEALTH CARE PRODUCTS INTERNATIONAL, LLC, referred to in these Articles of Organization as the "Company."

**ARTICLE II  
MAILING AND STREET ADDRESS**

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

160 International Parkway, Suite 140  
Heathrow, FL 32746

**ARTICLE III  
COMMENCEMENT OF COMPANY'S EXISTENCE**

In accordance with Section 608.409(1), Florida Statutes, the Company's existence shall be deemed to have commenced on May 5, 2003.

**ARTICLE IV  
REGISTERED AGENT**

The address of the initial Registered Office and the Registered Agent at such address are as follows:

William R. Lowman, Jr., Esq.  
315 E. Robinson Street, Suite 600  
Orlando, FL 32801

03 MAY 12 2003 11:14  
TALLAHASSEE  
STATE  
FLORIDA

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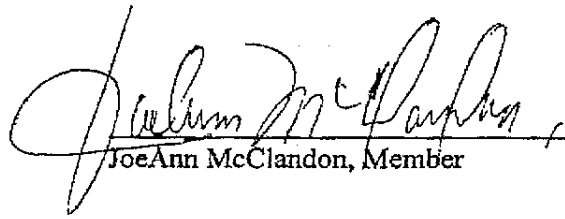
(((H03000191780 3)))

**ARTICLE V  
MANAGEMENT**

The Company is to be a manager-managed company. A manager may receive compensation for his services.

**ARTICLE VI  
APPLICABLE LAW**

The Company is created pursuant to Chapter 608, Florida Statutes, and shall be governed by the laws of the State of Florida.

  
Joe Ann McCandon, Member

03 MAY 12 PM 1:14  
CLARK COUNTY  
TALLAHASSEE, FLORIDA

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**CERTIFICATE OF DESIGNATION  
OF  
REGISTERED AGENT AND REGISTERED OFFICE**

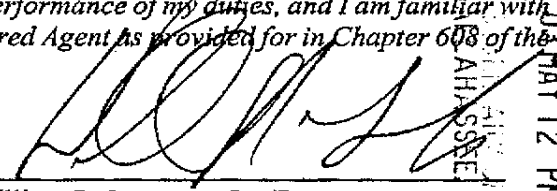
Pursuant to the provisions of Section 608.415 or 608.507, Florida Statutes, the undersigned Limited Liability Company submits the following statement to designate a Registered Office and Registered Agent in the State of Florida.

1. The name of the limited liability company is "HEALTH CARE PRODUCTS INTERNATIONAL, LLC"

2. The name and the Florida street address of the Registered Agent are as follows:

William R. Lowman, Jr., Esq.  
315 E. Robinson Street, Suite 600,  
Orlando, Florida 32801.

*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 of the Florida Statutes.*

  
William R. Lowman, Jr., Esq.

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