

L03000025389

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H03000231548 6)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 222-9428

FILED
03 JUL 11 PM 3:09
RECEIVED
03 JUL 11 PM 2:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

AccuMed Home Health of Florida, L.L.C.

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

L03-25389
OK

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:
AccuMed Home Health of Florida, L.L.C.

ARTICLE II - Address:

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

Principal Office Address:

1101 Gulf Breeze Pkwy., Ste. 357B
Gulf Breeze, FL 32561

Mailing Address:

1101 Gulf Breeze Pkwy., Ste. 357B
Gulf Breeze, FL 32561

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

03 JUL 11 PM 3:09

FILED

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

CT Corporation System
 Name

1200 South Pine Island Road
 Florida street address (P.O. Box NOT acceptable)

Plantation FL 33324
 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 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, F.S..

Howard Volz
 Registered Agent's Signature
 Howard Volz, Assistant Secretary

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:**"MGR" = Manager****"MGRM" = Managing Member****Name and Address:**MGRMMichael McMaude2525 Wallingwood, Ste. 903Austin, Texas 78746MGRMSteve Challa2808 Cascade Falls DriveAustin, Texas 78738

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.**REQUIRED SIGNATURE:**

Kare Schaefer, Attorney
 Signature of a member or an authorized representative of a member.

(In accordance with section 608.406(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Kare Schaefer, Attorney
 Typed or printed name of signer

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

03 JUL 11 PM 3:09