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2003 JUL 21 AM 11:47  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

J. BRYAN JUL 24 2003

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## TAMPA BAY LAW GROUP, P.A.

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Tampa, FL 33607-4614  
813-282-7257  
813-282-8695 (Fax)

July 17, 2003

Registration Section  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Re: Articles of Organization for MARs Medical LLC

Dear Sir/Madam:

Enclosed for filing in the above-mentioned matter are Articles of Organization for MARs Medical LLC, along with our checks (2) for a total amount of \$125.00, for the filing fee and designation of Registered Agent. Please issue the letter of acknowledgment to the named Registered Agent.

If you have any questions or require further information, please do not hesitate to contact me.

Very truly,

A handwritten signature in black ink that reads "Eugene M. LeFloch / RD". The signature is written in a cursive, flowing style.

Eugene M. LeFloch  
Attorney at Law

EML/kd  
Enclosure(s)

cc: M. Ann Reid

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TALLAHASSEE, FLORIDA

**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MARS MEDICAL LLC  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

M ANN REID  
(Name of Person)

MARS MEDICAL LLC  
(Firm/Company)

346 KELTNER CT  
(Address)

SPRING HILL, FL 34609  
(City/State and Zip Code)

For further information concerning this matter, please call:

EUGENE LeFLOCH at (813) 282-7257  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is: MARs medical LLC

### ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 346 Keltner Court, Spring Hill, FL 34609

#### Principal Office Address:

MARs medical LLC  
346 Keltner Court  
Spring Hill, FL 34609

#### Mailing Address:

MARs medical LLC  
346 Keltner Court  
Spring Hill, FL 34609

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

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

M. Ann Reid  
Name  
346 Keltner Court  
Florida street address (P.O. Box NOT acceptable)  
Spring Hill FL 34609  
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..*

M. Ann Reid  
Registered Agent's Signature

(CONTINUED)

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OFFICE OF CORPORATIONS

**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:**

MGRM

M. ANN REID  
346 KELTNER CT  
SPRING HILL, FL 34609

MGRM

ABRAHAM LAVI  
345 OLD CUREY HOLLOW RD  
PITTSBURGH, PA 15236

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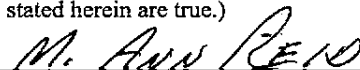
(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
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.)

  
\_\_\_\_\_  
Typed or printed name of signee

**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)

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