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

From: *Angelica M. Chirva*
Account Name : AKERMAN, SENTERFITT & HEDSON, P.A.
Account Number : 075471001363
Phone : (305) 374-5600
Fax Number : (305) 374-5095

LIMITED LIABILITY COMPANY

LAB REALTY, LLC

Certificate of Status	0
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FAX AUDIT No. H03000296036

**ARTICLES OF ORGANIZATION
FOR
LAB REALTY, LLC**

ARTICLE I - Name:

The name of the Limited Liability Company is: Lab Realty, LLC.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 1401 SW 22nd Street, Miami, Florida 33145.

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

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

American Information Services, Inc.


One S.E. 3rd Avenue, 28th Floor

Miami, FL 33131

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.

By 
Angelica M. Chiru, Assistant Secretary
Registered Agent's Signature

Signed and dated this 14th day of October, 2003.


Lisa A. Landy
Authorized representative of a member

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