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Division of Corporations

Fax Number : (850)205-0383

: AKERMAN SENTERFITT - TAMPA Account Name

Account Number : I20000000249

: (813)223-7333

Phone Fax Number

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LIMITED LIABILITY COMPANY

STRATA MEDICAL SERVICES, LLC

| Certificate of Status | 1 |
|-----------------------|----------|
| Certified Copy | 1 |
| Page Count | 03 |
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ARTICLES OF ORGANIZATION STRATA MEDICAL SERVICES, LLC

- Name. The name of this limited liability company is STRATA MEDICAL SERVICES, LLC, a Florida limited liability company (the "Company").
- Duration. The Company shall be effective upon the filing of these Articles and shall thereafter have perpetual existence.
- Purpose. The Company is organized for the purpose of transacting all lawful activities and businesses that may be conducted by a limited liability company under the laws of Florida.
- Place of Business. The mailing and street address of the Company's principal office is 7344 N.W. 5th Street, Plantation, Florida 33317.
- Registered Agent and Office. The name of the initial registered agent of the Company is Gary Walker. The street address of the initial registered agent of the Company is 100 South Ashley Drive, Suite 1500, Tampa, Florida 33602.
- Contributions to the Company. No cash or property (other than cash) has been contributed to the Company by its members. No additional contributions have been agreed upon.
- Additional Members. Additional members to the Company may be admitted, but only upon the consent of the members of the Company at the time admission is sought.
- Termination of Membership. Upon the death, retirement, resignation, expulsion, 8. bankruptcy, or dissolution of a member or upon the occurrence of any other event which terminates the continued membership of a member in the Company, the Company shall be dissolved unless all remaining members agree in writing to continue the business of the Company.
 - 9. Management of the Company. The Company shall be manager-managed.

The undersigned executed these Articles of Organization on the 26 th day of November, 2003.

its authorized representative AHREARY OF ST

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ACCEPTANCE BY REGISTERED AGENT

Having been named Registered Agent and designated to accept service of process for the within-named Company, at the place designated herein, and being familiar with the obligations of that position, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.

Lay Walker
Gary Walker

Dated: November 26, 2003

03 NOV 26 PM 1:39 SECRETARY OF STATE

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