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To:

Division of Corporations

Fax Number : (850) 205-0383

From:

Account Name : A 1 A CORPORATE SERVICES, INC.,

Account Number : I20010000247

Phone : (305) 674-3313

Fax Number : (305) 675-2811

LIMITED LIABILITY COMPANY

MEDICALEX LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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3/23/04 JM

ARTICLES OF ORGANIZATION FOR A FLORIDA
LIMITED LIABILITY COMPANY

In compliance with Chapter 608, F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:
MEDICALEX LLC


ARTICLE II ADDRESS

The mailing address and street address of the principal office of the Limited Liability
92 SADBERRY ROAD
QUINCY, FL 32351

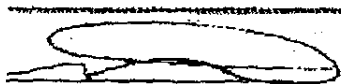
ARTICLE III REGISTERED AGENT, REGISTERED
OFFICE & REGISTERED AGENT SIGNATURE

The name and the Florida street address of the registered agent
A1A REGISTERED AGENT INC.
92 SADBERRY ROAD
QUINCY, FL 32351

Having been named as registered agent to accept service of process for the above stated
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
all statutes relating to the proper and complete performance of my duties, and I am familiar with
accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..



Registered Agent's 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.

JEFF ST. LAURENT

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