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To:

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From:

Account Name : GRAY HARRIS ROBINSON LANE TROHN
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LIMITED LIABILITY COMPANY

EHR, LLC

Certificate of Status	0
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**ARTICLES OF ORGANIZATION
OF**

EHR, LLC

The undersigned hereby presents these Articles of Organization for the formation of a Limited Liability Company pursuant to the Florida Limited Liability Company Act.

ARTICLE I

NAME

The name of the Limited Liability Company is EHR, LLC.

ARTICLE II

PRINCIPAL OFFICE

The mailing address and the street address of the principal office of the Limited Liability Company is 6802 Shimmering Drive, Lakeland, FL 33813.

ARTICLE III

DURATION

The Limited Liability Company shall have perpetual existence, commencing on the date of the filing of these Articles of Organization.

ARTICLE IV

PURPOSE

The Limited Liability Company is organized for the purpose of transacting any and all lawful business.

ARTICLE V

MANAGEMENT

The Limited Liability Company is to be manager-managed. The name and address of the

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Initial Manager is:

James H. Rehberg
6802 Shimmering Drive
Lakeland, FL 33813

ARTICLE VI

INITIAL REGISTERED OFFICE AND INITIAL REGISTERED AGENT

The street address of the initial registered office of the Limited Liability Company is 6802 Shimmering Drive, Lakeland, FL 33813, and the name of the initial registered agent of the Limited Liability Company at that office is James H. Rehberg.

ARTICLE VII

INDEMNIFICATION

Except to the extent otherwise provided in the Operating Agreement of the Limited Liability Company, the Limited Liability Company shall indemnify each person or entity who was or is a Member, director, officer, employee or agent of the Limited Liability Company to the full extent permitted by law.

IN WITNESS WHEREOF, the undersigned, being an authorized representative of the Initial Managers, has executed these Articles of Organization this 31st day of March, 2004.


JAMES H. REHBERG

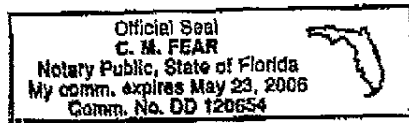
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STATE OF FLORIDA
COUNTY OF POLK

The foregoing Articles of Organization were acknowledged before me this 31st day of March, 2004, by James H. Rehberg, who is personally known to me.

(AFFIX NOTARY SEAL)



C. M. FEAR
NOTARY PUBLIC, State at Large
C. M. FEAR
(Type or print name of Notary)
My Commission expires:

**CERTIFICATE OF DESIGNATION
OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 AND SECTION 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED AGENT/REGISTERED OFFICE IN THE STATE OF FLORIDA:

1. The name of the Limited Liability Company is EHR, LLC
2. The name and street address of its initial Registered Agent and initial Registered Office are:

James H. Rehberg
6802 Shimmering Drive
Lakeland, FL 33813

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.

James H. Rehberg
JAMES H. REHBERG

Date: March 31, 2004

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