

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

From: Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305)634-3694
Fax Number : (305)633-9696

SECRETARY OF STATE

Lab A-2-W-1

7-11

eeg care, llc

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**ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY OF**

EEG CARE, LLC

ARTICLE I

The name of the Limited Liability Company shall: EEG CARE, LLC

ARTICLE II

The Company is organized for any legal and lawful purpose for which a limited liability company may be organized pursuant to the Act.

ARTICLE III

The mailing address and street address of the principal office of the Limited Liability Company is: 11185 TURNBRIDGE DRIVE, JACKSONVILLE, FL 32256.

ARTICLE IV

The name and the Florida street address of the registered agent are:
JUAN G. OCHOA, 11185 TURNBRIDGE DRIVE, JACKSONVILLE, FL 32256.

ARTICLE V

The name of Members of this Company shall be:

JUAN G. OCHOA

CLARA E. CASTELLANOS

11185 TURNBRIDGE DRIVE

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

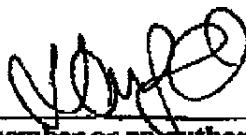
EEG Care, LLC

(Name of Company)

Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at the place designated in the articles of organization, 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.



Registered Agent



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.)

JUAN G. OCHOA

Typed or printed name of signee

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