

**Electronic Articles of Organization
For
Florida Limited Liability Company**

**L04000051143
FILED 8:00 AM
July 09, 2004
Sec. Of State
Irrivers**

Article I

The name of the Limited Liability Company is:
WOUND CARE INSTITUTE, LLC

Article II

The street address of the principal office of the Limited Liability Company is:
616 CLEARWATER PARK ROAD
APARTMENT 1111
WEST PALM BEACH, FL. US 33401

The mailing address of the Limited Liability Company is:
616 CLEARWATER PARK ROAD
APARTMENT 1111
WEST PALM BEACH, FL. US 33401

Article III

The purpose for which this Limited Liability Company is organized is:
ANY AND ALL LAWFUL BUSINESS.

Article IV

The name and Florida street address of the registered agent is:
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL. 32301

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.

Registered Agent Signature: LYNETTE COLEMAN

Article V

The name and address of managing members/managers are:

Title: MGRM
JARED P METZ
616 CLEARWATER PARK ROAD APT. 1111
WEST PALM BEACH, FL. 33401 US

Title: MGRM
FRANK ROCA III
1058 BREAKERS WEST BOULEVARD
WEST PALM BEACH, FL. 33411 US

Signature of member or an authorized representative of a member

Signature: JARED METZ

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