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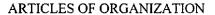
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1, Medical Outreach	,LLC	
2.) (CORPORATE NAME & DOCUMENT #)		
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5.) (CORPORATE NAME & DOCUMENT II)		
SPECIAL INSTRUCTIONS		



OF

MEDICAL OUTREACH, LLC

The undersigned, pursuant to the provisions of Chapter 608 of the Florida Statutes, for the purposes

TALLANISSEE, FLY

1. NAME.

The name of the Limited Liability Company is: MEDICAL OUTREACH, LLC.

of forming a Limited Liability Company under the laws of the State of Florida do set forth the following:

2. PERIOD OF DURATION.

The period of duration of the Limited Liability Company shall be from the date of filing until the first to occur of the following:

- (i) Fifty (50) years from the date of filing of these Articles of Organization with the Department of State, or
- (ii) Dissolution of the Limited Liability Company pursuant to provisions of the Florida Limited Liability Company Act.

3. PURPOSE.

The purpose for which the Limited Liability Company is organized is to engage in any and all business and activities permitted by the laws of the State of Florida. The Limited Liability Company shall have all of the powers vested in a Limited Liability Company organized and existing by virtue of such laws.

4. ADDRESS OF PLACE OF BUSINESS AND MAILING ADDRESS OF BUSINESS.

The address of the place of business in Florida for the Limited Liability Company is: 106 Commerce Street, Suite 104, Lake Mary, Florida 32746. The mailing address of the business in Florida for the Limited Liability Company is: 106 Commerce Street, Suite 104, Lake Mary, Florida 32746.

5. REGISTERED AGENT.

The name and address of the initial registered agent in Florida for the Limited Liability Company

is: Jeffrey A. Icardi, 549 Wymore Road, North, Suite 109, Maitland, Florida 32751.

6. CAPITAL CONTRIBUTIONS.

The total amount of cash and a description of the agreed value of property other than cash contributed to the Limited Liability Company is as follows: one hundred dollars (\$100.00) in cash and no other property is being contributed to the Limited Liability Company.

7. ADDITIONAL CONTRIBUTIONS.

The total additional contributions, if any, agreed to be made by all members and the times at which, or the events which will cause the same, that shall be made, are as follows: no additional contributions have been agreed to at the date of filing of these Articles of Organization. Additional contributions, if any, will be made upon unanimous agreement by all of the members of the Limited Liability Company.

8. <u>ADDITIONAL MEMBERS</u>.

Members may admit additional members upon unanimous agreement of the existing members.

9. CONTINUITY OF BUSINESS.

Upon the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the Limited Liability Company, the business of the Limited Liability Company shall not be continued and the Limited Liability Company shall be dissolved unless there is obtained the consent of all the remaining members of the Limited Liability Company.

10. MEMBERS. The initial member of the Limited Liability Company is as follows:

- American Hospital Supply, Inc. 106 Commerce Street, Suite 104 Lake Mary, Florida 32746;
- Paula Grant
 106 Commerce Street, Suite 104
 Lake Mary, Florida 32746.

11. MANAGEMENT.

The Limited Liability Company is to be member-managed. The name and address of the managing member is as follows:

American Hospital Supply, Inc. 106 Commerce Street, Suite 104 Lake Mary, Florida 32746.

Executed at Maitland, Orange County, Florida, on the _____day of August 2004.

American Hospital Supply Inc.

BY: Charles Wesley Andersen, its President

BY: Paula Grand

STATE OF FLORIDA COUNTY OF ORANGE

ON THIS, the <u>May of August 2004</u> before me personally appeared Charles Wesley Andersen, President of American Hospital Supply, Inc., a member of MEDICAL OUTREACH, LLC, a Florida Limited Liability Company to be formed, to me known to be the person who executed the foregoing, and acknowledged before me that he executed the same for the purposes expressed therein.

IN WITNESS WHEREOF, I have hereunto set my hand and seal in the County and State aforesaid.

NOTARY PUBLIC My Commission Expires:

Jeffrey A Icardi
My Commission DD179608
Expires March 02, 2007

STATE OF FLORIDA COUNTY OF ORANGE

ON THIS, the <u>Many of August 2004</u> before me personally appeared Paula Grant, a member of MEDICAL OUTREACH, LLC, a Florida Limited Liability Company to be formed, to me known to be the

person who executed the foregoing, and acknowledged before me that he executed the same for the purposes expressed therein.

IN WITNESS WHEREOF, I have hereunto set my hand and seal in the County and State aforesaid.

NOTAKY PUBLIC

My Commission Expires

Jeffrey A Icardi
My Commission DD179608
Expires March 02, 2007

ACCEPTANCE BY REGISTERED AGENT

Having been appointed the registered agent of MEDICAL OUTREACH, LLC, the undersigned accepts such an appointment, agrees to act in such capacity and accepts the obligations proposed by Florida Statutes, Section 608.415 and is herewith simultaneously designated as registered agent by MEDICAL OUTREACH, LLC.

Executed this // day of August 2004.

BY: (
Jeffrey A. Icardi

Registered Agent

FOR THE LIMITED LIABILITY COMPANY:

American Hospital Supply, ir

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Charles Wesley Andersen, its President

7 and

Paula Grant