P. 001/004

Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H04000177609 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name

: CARLTON FIELDS Account Number : 076077000355

: (813)223-7000

Fax Number

: (813)229-4133

LIMITED LIABILITY COMPANY

HEALTHCARE COMPREHENSIVE SOLUTIONS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu.

Corporate, Filing,

Public Access Help

H_04000177609_3

ARTICLES OF ORGANIZATION OF HEALTHCARE COMPREHENSIVE SOLUTIONS, LLC



The undersigned hereby forms and organizes a limited liability company pursuant to Section 808.407 of the Florida Limited Liability Company Act (the "Act") and adopts the following Articles of Organization of HEALTHCARE COMPREHENSIVE SOLUTIONS. LLC (the "Company"):

ARTICLE ONE

NAME

The name of the limited liability company is HEALTHCARE COMPREHENSIVE SOLUTIONS, LLC.

ARTICLE TWO

ADDRESS

The mailing address and street address of the principal office of the Company is c/o Aztec Medical, 6101 Blue Lagoon Drive, Suite 455, Miami, Florida 33126.

ARTICLE THREE

INITIAL REGISTERED OFFICE AND AGENT

The name and street address of the initial registered agent of the Company is: CFRA, LLC, Corporate Center 3, 4221 W. Boy Scout Blvd, 10th Floor, Tampa, Florida 33607.

ARTICLE FOUR

MANAGEMENT

The Company will be a manager managed company.

H04000177609 3 MIA#2328281.1

H04000177609 3

ARTICLE FIVE

INDEMNIFICATION

AN ALSO CONTONION To the fullest extent permitted by law, the Company shall indemnify any person who was or is a party to any proceeding by reason of the fact that he/she is or was a manager or a managing member of the Company or is or was serving at the request of the Company as a manager, managing member, officer, employee or agent of another limited liability company, corporation, partnership, joint venture, trust or other enterprise against liability incurred in connection with such proceeding, including the appeal thereof, if he/she acted in good faith and in a manner he/she reasonably believed to be in, or not opposed to, the best interests of the Company and, with respect to any criminal action or proceeding, had no reasonable cause to believe his/her conduct was unlawful. The Company shall reimburse each person for all costs and expenses, including attorneys' fees, reasonably incurred by him/her in connection with any such liability in the manner provided for by law or in accordance with the regulations of the Company.

The rights accruing to any person under the foregoing provision shall not exclude any other right to which he/she may be lawfully entitled, nor shall anything therein contain or restrict the right of the Company to Indemnify or relmburse such person in any proper case even though not specifically provided for herein.

IN WITNESS WHEREOF, these Articles of Organization have been executed by an authorized representative of a Member of the Company as of the 30TH day of August. 2004.

GIANNINA CHEDA

Authorized Representative

H04000177609 3

ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

Having been designated as registered agent for HEALTHCARE COMPREHENSIVE SOLUTIONS, LLC in the foregoing Articles of Organization, I, GIANNINA CHEDA on behalf of CFRA, LLC, a Florida limited liability company, hereby agree to accept service of process for said limited liability company and to comply with all statutes relative to the complete and proper performance of the duties of a registered agent. I am familiar with and accept the obligations of that position.

CFRA, LLC, a Florida limited liability company

GIANNINA CHEDA Authorized Representative

2004 AUG 31 AM 9: 47
2004 AUG 31 AM 9: 47
2004 AUG 31 AM 9: 47
2004 AUG 31 AM 9: 47