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Alfonso Law

Suzette M. Alfonso, J.D., P.A.

TAMPA • LUTZ • SUN CITY

March 15, 2005

MAILING ADDRESS:

P.O. Box 3223
APOLLO BEACH, FL 33572

TAMPA OFFICE:

309 W. MLK JR. BLVD.
TAMPA, FL 33603

PASCO OFFICE:

1520 LAND O' LAKES BLVD.
SUITE B
LUTZ, FL 33549

Corporate Records Bureau
Division of Corporations
Department of State
P. O. Box 6327
Tallahassee, Florida 32301

RE: **InVantage Medical, L.L.C.**

Dear Sir/Madame:

Enclosed please find the original and one copy of the Articles of Organization for the above referenced LLC, together with my firm's check in the amount of \$155.00 to cover the filing and associated fees. Please return **one (1) certified copy** of the Article as soon as possible.

Thank you in advance for your kind attention to this matter. Please contact me if there are any problems or questions. I remain

Very truly yours,


Suzette M. Alfonso

SMA/dl

Enclosures

2005 MAR 18 PM 12:16
TALLAHASSEE, FL
SMA

**ARTICLES OF ORGANIZATION
OF
InVantage Medical, L.L.C.**

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 608, hereby make, acknowledge, and file the following Articles of Organization.

ARTICLE I - NAME

The name of the limited liability company shall be **InVantage Medical, L.L.C.**, ("company").

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the company is 23110 State Road 54, PMB 332, Lutz, FL 33549-6988.

ARTICLE III - REGISTERED OFFICE AND AGENT

The name and street address of the registered agent of the company in the state of Florida are:

Suzette M. Alfonso, Esq.
309 West Martin Luther King, Jr. Blvd.
Tampa, Florida 33603

Having been named as registered agent and to accept service of process for the above named limited liability company at the place designated herein, I hereby accept 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 as provided for in F.S. Chapter 608.



Suzette M. Alfonso, Esq.

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ARTICLE IV – MANAGER(S) OR MANAGING MEMBER(S):

The name and address of each Manager or Managing Member is as follows:

Title:

Name & Address:

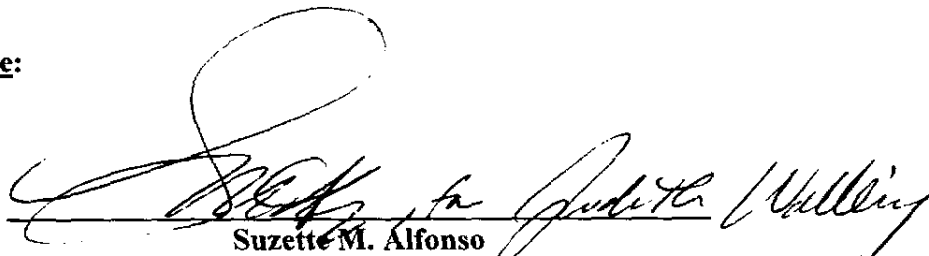
“MGR” – Manager

“MGRM” = Managing Member

MGRM

JUDITH WALLING
23110 State Road 54
PMB 332
Lutz, FL 33549-6988

Required Signature:

A handwritten signature in cursive script, appearing to read 'Suzette M. Alfonso for Judith Walling', written over a horizontal line.

Suzette M. Alfonso

as authorized representative of JUDITH WALLING, Managing Member

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ALANASSTEE.COM