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Account Name : GASSMAN & ASSOCIATES, P.A.  
Account Number : 075350000514  
Phone : (727) 442-1200  
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RECEIVED  
05 APR -7 PM 11:47  
DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY  
OPTIMIZED CARE, L.L.C.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

05 APR -7 AM 8:49

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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is: OPTIMIZED CARE, L.L.C.

## ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

12490 Ulmerton Road  
Largo, FL 33774

## ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Alan S. Gassman

Name

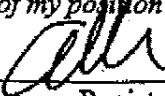
1245 Court Street, Suite 102

Florida street address (P.O. Box NOT acceptable)

Clearwater, FL 33756

City, State, and Zip

*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 as provided for in Chapter 608, F.S.*



Registered Agent's Signature

(An additional article must be added if an effective date is requested)

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.)



ALAN S. GASSMAN

JABVE:ARNARD\JEFF & DEBRA\Optimized Care, Inc\Articles of Organization.wpd  
jas 4-1-05

ARTICLES OF ORGANIZATION OF OPTIMIZED CARE, L.L.C.

PAGE 1

Alan S. Gassman, Esquire  
1245 Court Street Suite 102  
Clearwater, FL 33756  
(727) 442-1210  
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