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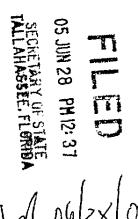
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TRANSMITTAL LETTER

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SUBJECT:	4	AA	AA Nami	H c	a)th ad Liability Cor	npany)			
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Tallahassee, Florida 32314

Tallahassee, Ziorida 32399



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

June 16, 2005

JAMES FADIGAN 12565 RESEARCH PKWY, STE 300 ORLANDO, FL 32826

SUBJECT: 4 AAA HEALTH Ref. Number: W05000029750

We have received your document for 4 AAA HEALTH and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "Ltd. Co." "L.C." or "L.L.C."

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6958.

Lee Rivers Document Specialist

Letter Number: 305A00041747. 05

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

4AAA HEAlTh, L.L.C.

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:						
Suite 300 ORLANDO, FL 32826	SAME.						
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signifure.							
The name and the Florida street address of the re-	gistered agent are:						
JAMES A	en -						
2524 WATER Florida street addr	ess (P.O. Box <u>NOT</u> acceptable)						
Windermare City, State, ar							

Having been named as registered agent and to accept service of process for the above stated limited liability company at the piace 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/

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: "MGR" = Manager "MGRM" = Managing Member MGR JAMES FADI GAN JAMES FADI GAN

Signature of Limember 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.)

Typed or printed name of signes

Filing Fees:

REQUIRED SIGNATURE:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)