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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

J. BRYAN JUL -6 2005

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SANGUS AUTO TRANSFUSION SERVICES LLC  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

GREGORY A. JACKSON, JR. ESQUIRE  
(Name of Person)

BOBO, CIOTOLI, BORCHINO & NEWMAN, P.A.  
(Firm/Company)

315 EAST ROBINSON STREET, SUITE 510  
(Address)

ORLANDO, FL 32801  
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

GREGORY JACKSON at ( 407 ) 849-1060  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status | <input checked="" type="checkbox"/> \$155.00 Filing Fee & Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee, Certificate of Status & Certified Copy<br>(additional copy is enclosed) |
|--|--|---|---|

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SANGUS AUTOTRANSFUSION SERVICES LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

9549 HAMPTON LANDING DRIVE  
JACKSONVILLE, FL 32256

9549 HAMPTON LANDING DRIVE  
JACKSONVILLE, FL 32256

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

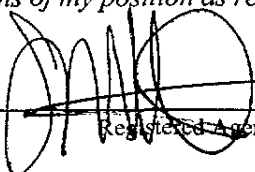
The name and the Florida street address of the registered agent are:

GREGORY A. JACKSON, JR., ESQUIRE  
Name

315 EAST ROBINSON STREET, SUITE 510  
Florida street address (P.O. Box NOT acceptable)

ORLANDO FL 32801  
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

(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

**Name and Address:**

MGRM / CEO

Zuo Rui Song, M.D., C.C.P.  
8549 HAMPTON LANDING DRIVE  
JACKSONVILLE, FL 32256

MGRM / COO

JAMES JOHNSON, PhD, C.C.P.  
12011 LIBERTY LAKE DRIVE  
JACKSONVILLE, FL 32258

MGRM / TREASURER

GEORGE A. JACKSON  
7903 CONSALEE COURT NORTH  
JACKSONVILLE, FL 32211

/

/

(Use attachment if necessary)

**NOTE:** An additional article must be added if an effective date is requested.

**REQUIRED SIGNATURE:**

*Z. Song, C.P.*, 6-6-2005  
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.)

Zuo Rui Song, M.D., C.C.P.  
Typed or printed name of signee

**Filing Fees:**

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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