

AUG-15-2005 MON 10:02 AM Shuttts and Bowens

FAX NO 3053819382

P. 01

Division of Corporations

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)205-0383

From:

Account Name : SHUTTS & BOWEN LLP HEALTH LAW GROUP II
Account Number : I20050000022
Phone : (305) 347-7352
Fax Number : (305) 347-7854

SECRET
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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LIMITED LIABILITY COMPANY

Access Health Solutions, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

M. Thomas AUG 16 2005

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DIVISION OF CORPORATION

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

ACCESS HEALTH SOLUTIONS, LLC**ARTICLE II - Address:**

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

Principal Office Address:440 SawGrass Corporate Parkway, Ste. 210
Sunrise, Florida 33325**Mailing Address:**440 SawGrass Corporate Parkway, Ste. 210
Sunrise, Florida 33325**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Corporation company of Miami (EJW)

Name

201 S. Biscayne Blvd., Suite 1500Florida street address (P.O. Box **NOT** acceptable)Miami

FL 33131

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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Richard Powell
440 SawGrass Corporate Parkway, Suite 210
Sunrise, Florida 33325

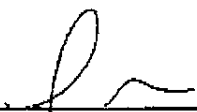
MGRM

Kathy B. Jackson, Ph.D.
440 SawGrass Corporate Parkway, Suite 210
Sunrise, Florida 33325

(Use attachment if necessary)

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

REQUIRED SIGNATURE:



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.)

J. Everett Wilson, authorized representative

Typed or printed name of signer

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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