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Account Number : 105256001620  
Phone : (608) 827-5300  
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DIVISION OF CORPORATION

**LIMITED LIABILITY COMPANY**

Universal Medical Wholesale Equipment, LLC

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 1        |
| Page Count            | 03       |
| Estimated Charge      | \$155.00 |

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**ARTICLES OF ORGANIZATION  
OF  
Universal Medical Wholesale Equipment, LLC**

**ARTICLE I                      NAME**

The name of the limited liability company shall be: **Universal Medical Wholesale Equipment, LLC**

**ARTICLE II                      PRINCIPAL OFFICE**

The principal place of business and mailing address of this Limited Liability Company shall be: 10073 Custer Cir., Orlando, Florida 32817.

**ARTICLE III                      INITIAL REGISTERED AGENT & STREET ADDRESS**

The name and address of the initial registered agent is: Business Filings Incorporated, 1203 Governors Square Blvd., Suite 101, Tallahassee, Florida 32301-2960. Located in the County of Leon.


**ARTICLE IV                      DURATION**

The duration for the limited liability company shall be: 12/31/2045.

**ARTICLE V                      MANAGERS/MEMBERS**

The management of the limited liability company is reserved for the Members and the names and addresses of the members of the Limited Liability Company are:

Claudia S. Cruz, 10073 Custer Cir., Orlando, Florida 32817  
Ricardo Rosas, 4425 McIntosh Park Dr., Suite 406, Sarasota, Florida 34232

  
\_\_\_\_\_  
Business Filings Incorporated, Organizer  
Mark Schiff, AVP  
Authorized Representative  
Prepared by Mark Schiff, Business Filings Incorporated, 8025 Excelsior Dr., Suite 200,  
Madison, WI 53717  
(608) 827-5300

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**CERTIFICATE OF DESIGNATION OF REGISTERED  
AGENT/REGISTERED OFFICE**

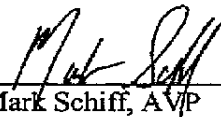
PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES,  
THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE  
STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN  
DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE  
STATE OF FLORIDA.

The name of the limited liability company is: **Universal Medical Wholesale  
Equipment, LLC**

The name and address of the registered agent and office is Business Filings Incorporated,  
1203 Governors Square Blvd., Suite 101, Tallahassee, Florida 32301-2960. Located in  
the County of Leon.

Having been named as registered agent and to accept service of process for the above  
stated 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.

Signature: \_\_\_\_\_

  
Mark Schiff, A/V/P  
Business Filings Incorporated

Date: September 30, 2005

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