

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L05000117462  
FILED 8:00 AM  
December 08, 2005  
Sec. Of State  
nculligan

**Article I**

The name of the Limited Liability Company is:

ATLAS MEDICAL SUPPLY OF CENTRAL FLORIDA LLC

**Article II**

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

3959 SOUTH NOVA ROAD  
SUITE 9  
PORT ORANGE, FL. US 32127

The mailing address of the Limited Liability Company is:

3959 SOUTH NOVA ROAD  
SUITE 9  
PORT ORANGE, FL. US 32127

**Article III**

The purpose for which this Limited Liability Company is organized is:

ANY AND ALL LAWFUL BUSINESS.

**Article IV**

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

E ROBERT BRANCH  
1028 N US 1  
ORMOND BEACH, FL. 32174

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.

Registered Agent Signature: E ROBERT BRANCH

### **Article V**

The name and address of managing members/managers are:

Title: MGRM  
JAMES HETHER  
3959 S NOVA RD SUITE 9  
PORT ORANGE, FL. 32127 US

Title: MGRM  
KATHIE HETHER  
3959 S NOVA RD SUITE 9  
PORT ORANGE, FL. 32127 US

### **Article VI**

The effective date for this Limited Liability Company shall be:

12/08/2005

Signature of member or an authorized representative of a member

Signature: E ROBERT BRANCH

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