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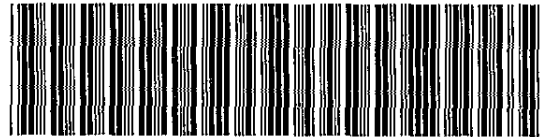
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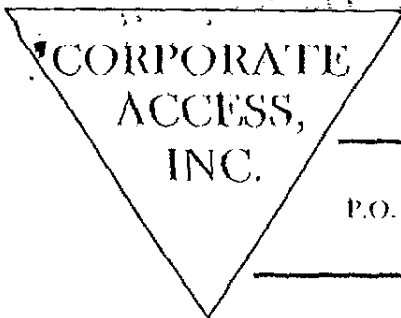
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1. Medical Messenger Holding  
(CORPORATE NAME AND DOCUMENT #)

2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

MEDICAL MESSENGER, LLC  
3795 Boynton Beach Boulevard  
Boynton Beach FL 33436

FILE  
2005 DEC 28 PM 4:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Florida Secretary of State

Re: Organization of Medical Messenger Holdings, LLC

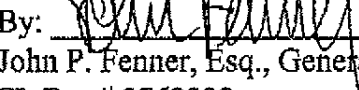
Ladies and Gentlemen:

I am General Counsel to Medical Messenger, LLC. I am also submitting this day the Articles of Organization of an affiliated entity—Medical Messenger Holdings, LLC (“Holdings”).

Medical Messenger, LLC gives permission to its affiliate/Holdings to use a similar name. It will not promote confusion, because the two LLCs are directly related.

Please call me, collect, at either 561-750-5044, or 561-306-7711, collect, if there is any problem with this.

MEDICAL MESSENGER, LLC

By:   
John P. Fenner, Esq., General Counsel  
FL Bar # 0762938

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is: **MEDICAL MESSENGER HOLDINGS, LLC**

**ARTICLE II - Address:**

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

**3795 Boynton Beach Boulevard**

**Boynton Beach FL 33436**

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

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

**John P. Fenner, Esq.**

Name

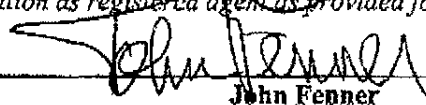
**2840 NW Boca Raton Boulevard, Suite 107**

Florida street address (P.O. Box NOT acceptable)

**Boca Raton FL 33431**

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.*

  
John Fenner

**Article IV - Management (Check box if applicable.)**

☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

  
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.)

**John Fenner**

Typed or printed name of signer:

**FILING FEES:**

**\$ 100.00 Filing Fee for Articles of Organization**

**\$ 25.00 Designation of Registered Agent**

**\$ 30.00 Certified Copy (OPTIONAL)**

**\$ 5.00 Certificate of Status (OPTIONAL)**

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