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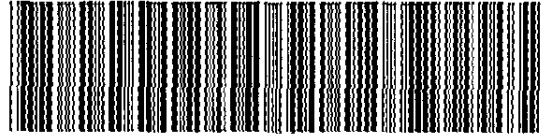
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CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 823850 9279A

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE : January 20, 2006

ORDER TIME : 2:04 PM

ORDER NO. : 823850-005

CUSTOMER NO: 9279A

FILED
2006 JAN 20 AM 8:47
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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NAME: HUDSON HEALTHCARE SERVICES
LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kathy Drake - EXT. 2959

EXAMINER'S INITIALS: _____

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

The name of the Limited Liability Company is: **Hudson Healthcare Services LLC**

ARTICLE II - Address:

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

120 NW 76th Drive
Gainesville, FL 32607

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

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

Deborah G. Hudson
Name
120 NW 76th Drive
Florida street address (P.O. Box **NOT** acceptable)
Gainesville, FL 32607
City, State, and Zip

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

Deborah G. Hudson
Registered Agent's Signature

ARTICLE IV - Management.

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

Deborah G. Hudson
Typed or printed name of Managing Member
Address Of Member:
120 NW 76th Drive
Gainesville, FL 32607

Deborah G. Hudson
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.)