

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

L06000036845  
FILED 8:00 AM  
April 10, 2006  
Sec. Of State  
mthomas

**Article I**

The name of the Limited Liability Company is:

ABSOLUTE CARE PLANNING, LLC

**Article II**

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

1505 FT. CLARKE BLVD  
12-304  
GAINESVILLE, FL. US 32606

The mailing address of the Limited Liability Company is:

1505 FT. CLARKE BLVD  
12-304  
GAINESVILLE, FL. US 32606

**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:

CHRISTINA M WEMMER  
1505 FT. CLARKE BLVD  
12-304  
GAINESVILLE, FL. 32606

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: CHRISTINA M. WEMMER

### **Article V**

The name and address of managing members/managers are:

Title: MGRM  
CHRISTINA M WEMMER  
1505 FT. CLARKE BLVD #12-304  
GAINESVILLE, FL. 32606 US

Title: MGRM  
JAMIE L POMERANZ  
13128 SW 3RD LANE  
NEWBERRY, FL. 32669 US

### **Article VI**

The effective date for this Limited Liability Company shall be:

04/10/2006

Signature of member or an authorized representative of a member

Signature: CHRISTINA M. WEMMER

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