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FAX NO.

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Division of Corporations

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Florida Department of State
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Division of Corporations
Fax Number : (850) 205-0383

SBM

From:

Account Name : ZIMMERMAN, KISER, & BUTCLIFFE, P.A.
Account Number : I19990000006
Phone : (407) 425-7010
Fax Number : (407) 425-2747

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATION

FLORIDA/FOREIGN LIMITED LIABILITY CO.

NURSING RESOURCES, LLC

Certificate of Status	0
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**ARTICLES OF ORGANIZATION
OF
NURSING RESOURCES, LLC
A Florida Limited Liability Company**

**ARTICLE I
NAME**

The name of this limited liability company is "*Nursing Resources, LLC*" (the "Company").

**ARTICLE II
MAILING AND STREET ADDRESS**

The mailing and street address of the principal office of the Company is as follows:

853 Dover Road
Maitland, Florida 32781

**ARTICLE III
COMMENCEMENT OF COMPANY'S EXISTENCE**

In accordance with Section 608.409(1), Florida Statutes, the Company's existence shall be deemed to have commenced at 12:01 a.m. on October 5, 2006, or, if later, at such time and date as is five (5) business days prior to the date on which these Articles of Organization are filed with the Florida Department of State.

**ARTICLE IV
REGISTERED AGENT**

The address of the initial Registered Office and the Registered Agent of the Company at such address are as follows:

Zimmerman, Kiser & Sutcliffe, P.A.
Jeremy S. Sloane, Esq.
315 E. Robinson Street, Suite 600
Orlando, FL 32801


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**ARTICLE V
APPLICABLE LAW**

The Company is created pursuant to Chapter 608, Florida Statutes, and shall be governed by the laws of the State of Florida.

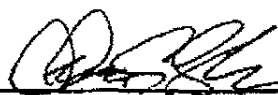


Jeremy S. Sloane, Authorized Representative of
Member

**ACCEPTANCE OF DESIGNATION
OF
REGISTERED AGENT**

Pursuant to the provisions of Section 608.415, Florida Statutes, the undersigned submits the following statement of acceptance of his designation as Registered Agent for the Company:

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 of the Florida Statutes.



Jeremy S. Sloane

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