Electronic Articles of Organization
For
Florida Limited Liability Company

L07000058869
FILED 8:00 AM
June 05, 2007
Sec. Of State
nculligan

Article I

The name of the Limited Liability Company is:

WELLSPRING CLINICAL LAB, LLC.

Article II

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

185 SPRINGWOOD TRAIL
ALTAMONTE SPRINGS, FL. US 32714

The mailing address of the Limited Liability Company is:

185 SPRINGWOOD TRAIL
ALTAMONTE SPRINGS, FL. US 32714

Article III

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

DIRECT ACCESS CLINICAL LAB.

Article IV

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

CALVIN WIESE
185 SPRINGWOOD TRAIL
ALTAMONTE SPRINGS, FL. 32714

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: CALVIN WIESE

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Article V

The name and address of managing members/managers are:

Title: MGRM
CALVIN WIESE
185 SPRINGWOOD TRAIL
ALTAMONTE SPRINGS, FL. 32714 US

Title: MGRM
CARROLL SHOFFNER
P. O. BOX 10
MORRIS, OK. 74445 US

Title: MGRM
WILLIAM NUTT
3497 OAK KNOLL POINT
LAKE MARY, FL. 32746 US

Article VI

The effective date for this Limited Liability Company shall be:

06/04/2007

Signature of member or an authorized representative of a member

Signature: CALVIN WIESE