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FLORIDA/FOREIGN LIMITED LIABILITY CO.

Waters Community Pharmacy, LLC

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SECRETARY OF STATE
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ARTICLES OF ORGANIZATION
OF
WATERS COMMUNITY PHARMACY, LLC

The undersigned, being authorized to execute and file these Articles of Organization, hereby certifies that:

ARTICLE I

Name

The name of the Limited Liability Company is:

WATERS COMMUNITY PHARMACY, LLC

ARTICLE II

Address

The mailing address and street address of the principal office of the Limited Liability Company is: Waters Community Pharmacy, LLC, 8206 W. Waters Avenue, Suite 114, Tampa Florida 33615.

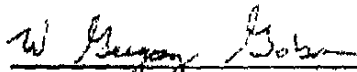
ARTICLE III

Registered Agent and Registered Office

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

W. Gregory Golson, Esq.
110 East Madison Street, Suite 200
Tampa, Florida 33602

IN WITNESS WHEREOF, I have signed these Articles of Organization as an authorized representative of a member and acknowledged them to be my act this 11th day of June, 2007.



Signature of authorized representative

In accordance with Section 608.408(3), Florida Statutes, the execution of this certificate constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

W. Gregory Golson

Typed or printed name of signee

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**STATEMENT ACCEPTING APPOINTMENT AS
REGISTERED AGENT**

I hereby accept the designation as registered agent to accept service of process for the above stated limited liability company at the following address: 110 East Madison Street, Suite 200, Tampa, Florida 33601. I am familiar with and accept the obligations of my position as registered agent under Chapter 608, Florida Statutes. In accordance with Section 608.408(3), Florida Statutes, the execution of this certificate constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

W. Gregory Golson
Signature of Registered Agent

W. Gregory Golson
Typed or printed name of signee

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