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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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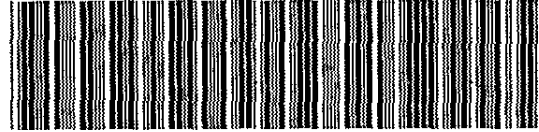
(Business Entity Name)

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TOWNSEND & BRANNON
ATTORNEYS AND COUNSELORS AT LAW
608 W. HORATIO STREET
TAMPA, FLORIDA 33606-4104

ANITA C. BRANNON
DAVID A. TOWNSEND

TELEPHONE (813) 254-0088
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Writer's E MAIL address:
anita@townsendbrannon.com

July 2, 2007

Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

RE: Articles of Organization for Florida LLC
CONCEPTUAL MEDICAL TECHNOLOGY SYSTEMS, LLC

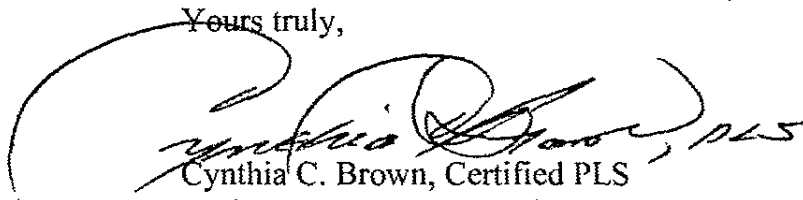
Dear Sir/Madam:

Attached please find for filing with the Division of Corporations an original and one copy of the Articles of Organization for a new Florida limited liability company to be known as **CONCEPTUAL MEDICAL TECHNOLOGY SYSTEMS, LLC**.

Enclosed is our check for the filing fee in the amount of \$125.00. Please return confirmation of filing to our office.

Thank you.

Yours truly,


Cynthia C. Brown, Certified PLS
Assistant to DAVID A. TOWNSEND

Enclosures

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**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

CONCEPTUAL MEDICAL TECHNOLOGY SYSTEMS, LLC

ARTICLE I - NAME

The name of the Limited Liability Company is: **CONCEPTUAL MEDICAL TECHNOLOGY SYSTEMS, LLC.**

ARTICLE II - ADDRESS

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

Principal Office Address:

7406 Spring Court
Tampa, Florida 33634

Mailing Address:

Same

**ARTICLE III - REGISTERED AGENT, REGISTERED
OFFICE AND REGISTERED AGENT'S SIGNATURE:**

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

DAVID A. TOWNSEND, ESQUIRE
Townsend & Brannon
608 West Horatio Street
Tampa, Florida 33606-2228

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, *Florida Statutes*.


DAVID A. TOWNSEND, ESQUIRE
Registered Agent

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TALLAHASSEE, FLORIDA

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ARTICLE IV - MANAGERS OR MANAGING MEMBERS

The name and address of each Manager or Managing Member is as follows:

"MGR: = Manager
"MGRM" = Managing Member

<u>TITLE:</u>	<u>NAME AND ADDRESS:</u>
MGRM	MAUREEN LEVY JONES, M.D. 7406 Spring Court Tampa, Florida 33634

ARTICLE V - EFFECTIVE DATE

The effective date of this Limited Liability Company is June 1, 2007.


MAUREEN LEVY JONES, M.D.
Signature of Authorized Member

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