

**LOT000070480**

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From: Account Name : RUDEN, MCCLOSKY, SMITH, SCHUSTER & RUSSELL, P.A.  
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**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**Medicollab, LLC**

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**ARTICLES OF ORGANIZATION  
OF  
MEDICOLLAB, LLC  
a Florida Limited Liability Company**

The undersigned, pursuant to the provisions of Chapter 608 of the Florida Statutes, for the purpose of forming a Limited Liability Company under the laws of the State of Florida do set forth the following:

1. NAME. The name of the Limited Liability Company is Medicollab, LLC (the "Company").
2. MAILING AND STREET ADDRESS OF PRINCIPAL OFFICE. The mailing address for the Company is: 240 Sunset Road, West Palm Beach, Florida 33401.
3. REGISTERED AGENT. The name and address of the initial registered agent in the State of Florida, whose Consent to Appointment as Registered Agent accompanies these Articles of Organization are: Dr. John M. Strasswimmer, 240 Sunset Road, West Palm Beach, Florida 33401.

The undersigned has executed these Articles of Organization on the 6 day of July, 2007.

By:   
Dr. John M. Strasswimmer, Authorized Representative

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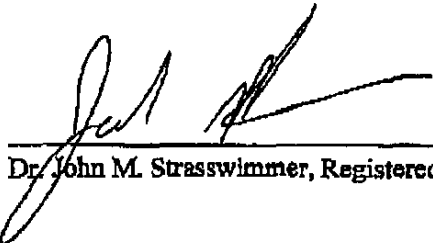
**CERTIFICATION OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

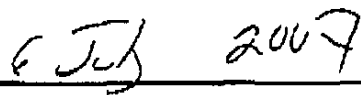
PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: Medicollab, LLC.
2. The name and address of the registered agent and office is:

Dr. John M. Strasswimmer  
240 Sunset Road  
West Palm Beach, Florida 33401

*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 its 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.*

  
\_\_\_\_\_  
Dr. John M. Strasswimmer, Registered Agent

  
\_\_\_\_\_  
Date