

**Electronic Articles of Organization
For
Florida Limited Liability Company**

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FILED 8:00 AM
July 20, 2007
Sec. Of State
gmcleod

Article I

The name of the Limited Liability Company is:

NATIONAL MANAGED CARE SOLUTIONS, LIMITED LIABILITY
COMPANY

Article II

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

6005-105 POWERS AVE
JACKSONVILLE, FL. US 32217

The mailing address of the Limited Liability Company is:

6005-105 POWERS AVE
JACKSONVILLE, FL. US 32217

Article III

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

ANY AND ALL LAWFUL BUSINESS.

Article IV

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

DOUGLAS J EDWARDS
6005-105 POWERS AVE
JACKSONVILLE, FL. 32217

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: DOUGLAS EDWARDS

Article V

The name and address of managing members/managers are:

Title: MGR
DOUGLAS J EDWARDS
6005-105 POWERS AVE
JACKSONVILLE, FL. 32217

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Signature of member or an authorized representative of a member

Signature: DOUGLAS EDWARDS