

L07000096512

(Requestor's Name)

(Address)

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07 SEP 20 PM 1:31
SECRETARY
DIVISION OF
RECORDS

September 6, 2007

State of Florida
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Subject: Prescription Results, LLC

The enclosed Articles of Organization are submitted for filing.

Please return all correspondence concerning this matter to the following:

John D. Andrews
Prescription Results, LLC.
20110 74th Avenue East
Bradenton, Florida 34202

For further information concerning this matter, please call:

John D. Andrews at (941) 322-9812

Enclosed is a check in the amount of \$125.00 payable to the Florida Department of State in full payment of this LLC registration.

Thank you for your assistance in this matter.


John D. Andrews

ARTICLES OF ORGANIZATION
FOR
PRESCRIPTION RESULTS, LLC
A FLORIDA LIMITED LIABILITY COMPANY

FILED
SECRETARY OF
DIVISION OF
07 SEP 20 PM 1:31

ARTICLE I ~ Name:

The name of the Limited Liability Company is **PRESCRIPTION RESULTS, LLC.**

ARTICLE II ~ Address:

The mailing address and street address of the principal office of the Limited Liability Company is: **1149 FRANCIS AVENUE, SARASOTA, FLORIDA 34232**

ARTICLE III ~ Registered Agent, Registered Office & Registered Agent's Signature:

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

**JOHN D. ANDREWS
20110 74TH AVENUE EAST
BRADENTON, FLORIDA 34202**

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, F.S..



Registered Agent's Signature

ARTICLE IV ~ Managers or Managing Members

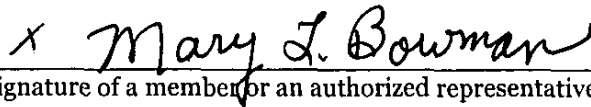
Title:

Name and Address:

MGRM

**MARY L. BOWMAN
1149 FRANCIS AVENUE
SARASOTA, FLORIDA 34232**

REQUIRED SIGNATURE:

A handwritten signature in cursive script that reads "Mary L. Bowman". The signature is written in black ink and is positioned above a horizontal line.

Signature of a member or an authorized representative of a member.

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

MARY L. BOWMAN

Typed or printed name of signee