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Account Name : BUSINESS FILINGS
Account Number : 105256001620
Phone : (608) 827-5300
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FLORIDA/FOREIGN LIMITED LIABILITY CO.

Evidence-Based Health Solutions, LLC

Certificate of Status	1
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**ARTICLES OF ORGANIZATION
OF
Evidence-Based Health Solutions, LLC**

ARTICLE I NAME

The name of the limited liability company shall be: **Evidence-Based Health Solutions, LLC**

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 303 Bowen Rd, Davenport, Florida 33837.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Business Filings Incorporated, 1203 Governors Square Blvd, Suite 101, Tallahassee, Florida 32301-2960. Located in the County of Leon.

ARTICLE IV DURATION

The duration for the limited liability company shall be: 12/31/2047.

ARTICLE V MANAGERS/MEMBERS

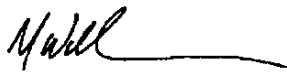
The management of the limited liability company is reserved for the Managers and the name and address of the manager of the Limited Liability Company is:

Alan Card, 303 Bowen Rd, Davenport, Florida 33837

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Business Filings Incorporated, Organizer
Mark Williams, A.V.P.
Authorized Representative
Prepared by Mark Williams, Business Filings Incorporated, 8040 Excelsior Dr., Suite 200, Madison,
WI 53717
(608) 827-5300

Date: October 15, 2007

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FAX AUDIT # **H07000255249 3**

**CERTIFICATE OF DESIGNATION OF REGISTERED
AGENT/REGISTERED OFFICE**

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

The name of the limited liability company is: **Evidence-Based Health Solutions, LLC**

The name and address of the registered agent and office is **Business Filings Incorporated, 1203 Governors Square Blvd, Suite 101, Tallahassee, Florida 32301-2960. Located in the County of Leon.**

Having been named as registered agent and to accept service of process for the above stated 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.

Signature: _____

Mark Williams, A.V.P. Business Filings Incorporated

Date: *October 15, 2007*

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