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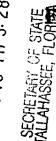
Division of Corporations

Fax Number : (850) 617-6383

Account Name : BRENNAN, MANNA & DIAMOND, P.L.

Account Number : I20040000104 : (904)366-1500 Phone

; (904)366-1501 Fax Number



ORIDA/FOREIGN LIMITED LIABILITY CO.

WEST COAST MEDICAL RENTALS, LLC

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ARTICLES OF ORGANIZATION OF WEST COAST MEDICAL RENTALS, LLC

The undersigned authorized representative of a member, for the purpose of forming a limited liability company, for profit, under the Florida Limited Liability Company Act, F.S. Chapter 608, hereby makes, acknowledges, adopts and files the following Articles of Organization:

ARTICLE I - NAME

The name of the limited liability company shall be: WEST COAST MEDICAL RENTALS, LLC (the "Company").

ARTICLE II - ADDRESS

The mailing address and principal office address of the Company shall be 220 East Central Parkway, Suite 2020, Altamonte Springs, Florida 32701.

ARTICLE III - EFFECTIVE DATE; DURATION

The Company shall commence its existence on the date these Articles of Organization are filed by the Florida Department of State. The Company's existence shall be perpetual unless the Company is earlier dissolved as provided by law or pursuant to the terms of the Company's Operating Agreement.

ARTICLE IV – REGISTERED OFFICE AND AGENT The name and street address of the initial registered agent of the Company in the State of Gorda T is Brennan, Manna & Diamond, P.L., 76 South Laura Street, Sulte 2110, Jacksonville, Florida 322024 ARTICLE V – PURPOSES This Company is organized for the purpose of transacting any and all lawful business permitted under the laws of the United States of America and the State of Florida. ARTICLE VI – MANAGEMENT

The Company is to be managed by the Manager in accordance with the Company's Operating Agreement. The name and street address of the Manager of the Company is:

Thomas G. Flala 854 Lake Marion Drive Altamonte Springs, FL 32701

IN WITNESS WHEIREOF, the undersigned has executed these Articles of Organization as an authorized representative of a member at Jacksonville, Florida on this 13th day of November, 2007.

Randal C. Fairbanks
Authorized Representative

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ACCEPTANCE OF REGISTERED AGENT

The undersigned, RANDAL C. FAIRBANKS, a member of the entity listed in the Articles of Organization of WEST COAST MEDICAL RENTALS, LLC to serve as registered agent for this Company, hereby (i) consents on the entity's behalf to accept service of process for the Company at the place designated in the Articles of Organization, (ii) accepts on the entity's behalf the appointment as registered agent, and (iii) agrees on the entity's behalf that it will act in this capacity. The undersigned further agrees on the entity's behalf that it will comply with the provisions of all statutes relating to the proper and complete performance of its duties and is familiar with and accepts the obligations of the position of registered agent.

BRENNAN, MANNA & DIAMOND, P.L.

Randal C. Fairbanks

Member

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