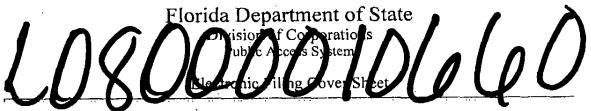
Division of Corporations



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Fax Number : (850)617-6383

From: '

Account Name : SHUFFIELD LOWMAN

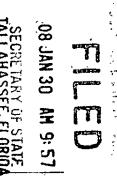
Account Number : I20030000118

Phone

: (407)581-9800

Fax Number

: (407)581-9801





### LORIDA/FOREIGN LIMITED LIABILITY CO.

#### YOMEDICS, LLC

Certificate of Status	0
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**EXAMINER** 

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# ARTICLES OF ORGANIZATION OF YOMEDICS, LLC A Florida Limited Liability Company

#### ARTICLE I NAME

The name of this limited liability company is YOMEDICS, LLC, referred to in these Articles of Organization as the "Company".

## ARTICLE II MAILING AND STREET ADDRESS

The mailing address and street address of the principal office of the Company are as follows:

1809 East Broadway Street Suite 310 Oviedo, FL 32765

## ARTICLE III COMMENCEMENT OF COMPANY'S EXISTENCE

In accordance with Section 608.409(1), Florida Statutes, the Company's existence shall be deemed to have commenced on the date on which these Articles of Organization are filed by the Florida Department of State.

## ARTICLE IV REGISTERED AGENT

The address of the initial Registered Office and the Registered Agent at such address are as follows:

William R. Lowman, Jr., Esq. Shuffield, Lowman & Wilson, P.A. 1000 Legion Place, Suite 1700 Orlando, FL 32801 DE JAN 30 AM 9: 57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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## ARTICLE V MANAGEMENT

The Company is to be managed by a Board of Managers. Each manager serving on the Board of Managers may receive compensation for her services. The names and addresses of the initial managers serving on the Board of Managers are as follows:

Heather J. Quillen 1809 East Broadway Street Suite 310 Oviedo, FL 32765

Dr. Lisa R. Ramey, DO 2887 Sand Bluff Cove Oviedo, FL 32765

#### ARTICLE VI APPLICABLE LAW

The Company is created pursuant to Chapter 608, Florida Statutes, and shall be governed by the laws of the State of Florida.

William R. Lowman, Jr., as Authorized Representative

#### ACCEPTANCE OF DESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of Section 608.415, Florida Statutes, the undersigned submits the following statement of acceptance of his designation as Registered Agent for the Company:

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 of the Florida Statutes

William R Lowman Ir