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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : CSH SERVICES, LLC

Account Number : I20070000160 Phone : (800)494-3124

Phone : (800)494-3124 Fax Number : (561)455-9885

FLORIDA/FOREIGN LIMITED LIABILITY CO.

STAFF MEDICS, LLC

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EXAMINATION PM

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ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compilance with Chapter 608, F.S.

ARTICLE I HAME

The name of the Limited Liability Company is: STAFF MEDICS, LLC

ARTICLE II ADDRESS

The mailing address and street address of the principal office of their Liability Company is:

3285 RUSSELL RD.

GREEN COVE SPRINGS, FLORIDA 32043

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

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

MARK R. CASSANO

3285 RUSSELL RD.

GREEN COVE SPRINGS, FLORIDA 32043

Having been named as registered agent 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 complywith 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..

MARK R. CASSANO / Registered Agent's signature

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STAFF MEDICS, LLC

ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

ARTICLE Y MEMBERS (outlonal)

MANAGING MEMBER:
MARK R. CASSANO
3285 RUSSELL RD.
GREEN COVE SPRINGS, FLORIDA 32043

ZOUG FET -8 A 10: 2:
SECRE ARY OF STATE
ALLAHASSEE, FLORID,

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.

MARK R. CASSÁNO

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