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ORION MEDICAL

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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : SHUMAKER, LOOP & KENDRICK LLP  
Account Number : 075500004387  
Phone : (813) 229-7600  
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FLORIDA/FOREIGN LIMITED LIABILITY CO.

UNIVERSAL MED CARE, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

J. BRYAN

APR - 2 2008

EXAMINER

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**ARTICLES OF ORGANIZATION  
UNIVERSAL MED CARE, LLC**

**ARTICLE I - Name:**

The name of the Limited Liability Company is Universal Med Care, LLC.

**ARTICLE II - Address:**

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

13575 58<sup>th</sup> Street North, Suite 200  
Clearwater, Florida 33760

**ARTICLE III - Managing Member:**

The name and address of the managing member is:

Shri Prashad  
13575 58<sup>th</sup> Street North, Suite 200  
Clearwater, Florida 33760

IN WITNESS WHEREOF, I have signed these Articles of Organization as an authorized representative of a member and acknowledged them to be my act this 1st day of April, 2008.

  
\_\_\_\_\_  
Signature of 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.)

\_\_\_\_\_  
Jonathan J. Ellis  
Typed or printed name of signee

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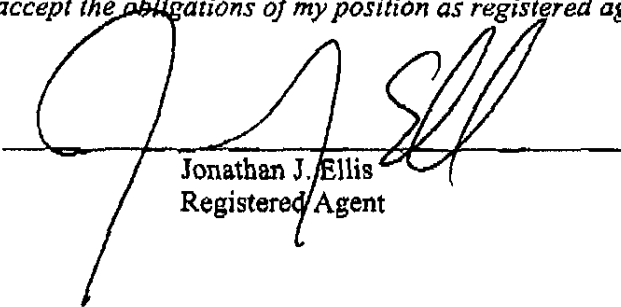
**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is Universal Med Care, LLC.
2. The name and the Florida street address of the registered agent are:

Jonathan J. Ellis  
101 E. Kennedy Blvd., Suite 2800  
Tampa, Florida 33602

*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.*

  
Jonathan J. Ellis  
Registered Agent

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