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FLORIDA/FOREIGN LIMITED LIABILITY CO.

RNS Health Solutions, LLC

Certificate of Status	0
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EXAMINER

FAX AUDIT # **H080000927283**

**ARTICLES OF ORGANIZATION
OF
RNS Health Solutions, LLC**

ARTICLE I NAME

The name of the limited liability company shall be: **RNS Health Solutions, LLC**

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be:
6150 Metrowest Blvd, Suite 308, Orlando, Florida 32835.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Stephen McMurtrey, 6150 Metrowest Blvd, Suite 308, Orlando, Florida 32835. Located in the County of Orange.

ARTICLE IV DURATION

The duration for the limited liability company shall be: 12/31/2048.

ARTICLE V MANAGERS/MEMBERS

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

Stephen McMurtrey, 6150 Metrowest Blvd, Suite 308, Orlando, Florida 32835



Date: April 1, 2008

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

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CERTIFICATE OF DESIGNATION OF REGISTERED
AGENT/REGISTERED OFFICE

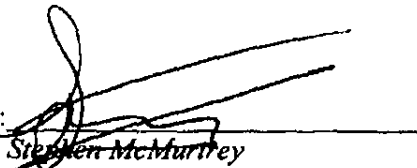
PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE
UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF
FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE
REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: **RNS Health Solutions, LLC**

The name and address of the registered agent and office is Stephen McMurtrey, 6150 Metrowest
Blvd, Suite 308, Orlando, Florida 32835. Located in the County of Orange.

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:


Stephen McMurtrey

Date:

4/18/08

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