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Fax Number : (850) 617-6383

From:
Account Name : CSH SERVICES, LLC
Account Number : 120070000160
Phone : (800) 494-3124
Fax Number : (561) 455-9885

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

LIFE SURGICAL GROUP, LLC

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**ARTICLES OF ORGANIZATION FOR A
FLORIDA LIMITED LIABILITY COMPANY**

In compliance with Chapter 608, F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

LIFE SURGICAL GROUP, LLC

ARTICLE II ADDRESS

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

1964 BONNIE STREET
BOCA RATON, FLORIDA 33486

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &
REGISTERED AGENT SIGNATURE**

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

JAMES VIRGILIO
1964 BONNIE STREET
BOCA RATON, FLORIDA 33486

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 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, F.S.

X


JAMES VIRGILIO Registered Agent's signature

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LIFE SURGICAL GROUP, LLC

ARTICLE IV MANAGEMENT

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

ARTICLE V MEMBERS (optional)

MANAGER

JAMES VIRGILIO

1964 BONNIE STREET

BOCA RATON, FLORIDA 33486

MANAGER

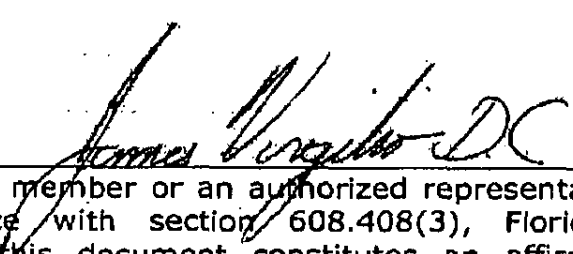
MICHEAL ANGELO

1964 BONNIE STREET

BOCA RATON, FLORIDA 33486

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.....
X


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.

JAMES VIRGILIO