

LU8000039992

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(Address)

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(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

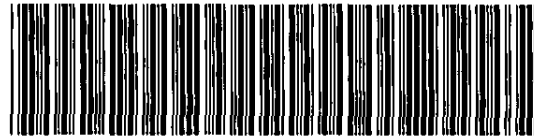
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# AUSLEY & McMULLEN

ATTORNEYS AND COUNSELORS AT LAW

227 SOUTH CALHOUN STREET  
P.O. BOX 391 (ZIP 32302)  
TALLAHASSEE, FLORIDA 32301  
(850) 224-9115 FAX (850) 222-7560  
Writer's Direct Line: (850) 425-5457

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

April 21, 2008

Secretary of State  
2661 Executive Center Circle West  
Tallahassee, Florida 32301

**VIA HAND DELIVERY**

Re: **Innovations Medical, LLC**

Dear Madam/Sir:

Enclosed are an original and one copy of the Articles of Organization for **Innovations Medical, LLC**, a limited liability company. These Articles include Registered Agent and Registered Office designation for this company. Also enclosed is our check in the amount of:

<input type="checkbox"/> \$125.00 Filing Fee	<input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status	<input checked="" type="checkbox"/> \$155.00 Filing Fee & Certified Copy (additional copy enclosed)	<input type="checkbox"/> \$160.00 Filing Fee, Certified Copy & Certificate of Status (additional copy enclosed)
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Please do not hesitate to call me at (850) 425-5457 if you have any questions. We will have our messenger return to pick up the certified copy and the certificate of filing.

Thank you in advance for your usual assistance in these matters.

Sincerely,



Donna Marie Walters  
Paralegal

/dmw

Enclosures

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018096.50193



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 21, 2008

AUSLEY & MCMULLEN

TALLAHASSEE, FL

SUBJECT: INNOVATIONS MEDICAL, LLC  
Ref. Number: W08000020025

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NOT INTENDED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

We have received your document for INNOVATIONS MEDICAL, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that we have retained your <sup>\$155.00</sup> \$55.00 payment.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr  
Regulatory Specialist II

Letter Number: 608A00023775

*Resubmitting with different name. See new articles attached.*

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION  
OF  
INNOVATIONS AVOCARE, LLC**

The undersigned, pursuant to the provisions of Chapter 608, Florida Statutes, provides the following information for the purpose of forming a Limited Liability Company under the laws of the State of Florida.

**ARTICLE 1.  
Name**

The name of the Limited Liability Company is **Innovations Avocare, LLC.**

**ARTICLE 2.  
Address**

The street address of the place of business in Florida is:

565 Frank Shaw Road  
Tallahassee, Florida 32312-1043

The mailing address of the business in Florida is:

3411-B Capital Medical Boulevard  
Tallahassee, Florida 32308-4425

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TALLAHASSEE, FLORIDA

**ARTICLE 3.  
Registered Agent and Registered Office**

The name and Florida street address of the initial registered agent in Florida for the Limited Liability Company are:

**Robert A. Pierce**  
227 South Calhoun Street  
Tallahassee, Florida 32301-1805

*Having been named as registered agent and as the person to accept service of process for the above-stated limited liability company at the place designated in these Articles, 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, Florida Statutes.*

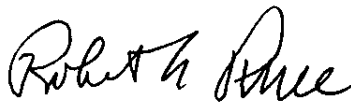


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**Robert A. Pierce**, Registered Agent

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization this 21<sup>st</sup> day of April, 2008.

IN ACCORDANCE WITH SECTION 608.408(3), FLORIDA STATUTES, THE EXECUTION OF THIS DOCUMENT CONSTITUTES AN AFFIRMATION UNDER PENALTIES OF PERJURY THAT THE FACTS STATED HEREIN ARE TRUE.



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**Robert A. Pierce**  
Authorized Representative of Member