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**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

MedResources, LLC

Certificate of Status	1
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May 7, 2008

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Division of Corporations

MEDRESOURCES, LLC

SUBJECT: MEDRESOURCES, LLC  
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**Articles of Organization  
of  
MedResources, LLC  
a Florida Limited Liability Company**

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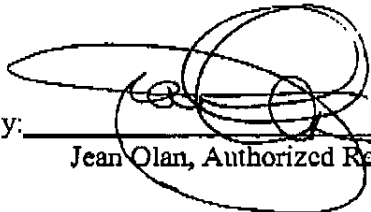
The undersigned, pursuant to the provisions of Chapter 608 of the Florida Statutes, for purpose of forming a Limited Liability Company under the laws of the State of Florida do set forth the following:

1. NAME. The name of the Limited Liability Company is: MedResources, LLC (the "Company").

2. MAILING AND STREET ADDRESS OF PRINCIPAL OFFICE. The mailing address for the Company is: 1560 Sawgrass Corporate Parkway, 4<sup>th</sup> Floor, Sunrise, FL 33323.

3. REGISTERED AGENT. The name and address of the initial registered agent in the State of Florida, whose Consent to Appointment as Registered Agent accompanies these Articles of Organization, is: Jean Olan, 1560 Sawgrass Corporate Parkway, 4<sup>th</sup> Floor, Sunrise, FL 33323.

The undersigned has executed these Articles of Organization on the 4<sup>th</sup> day of May, 2008.

By:   
Jean Olan, Authorized Representative

**CERTIFICATION 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 IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: MedResourcecs, LLC
2. The name and address of the registered agent and office is:

Jean Olan  
1560 Sawgrass Corporate Parkway, 4<sup>th</sup> Floor  
Sunrise, FL 33323

*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 its 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.*

  
\_\_\_\_\_  
Jean Olan, Registered Agent

5/4/08  
\_\_\_\_\_  
Date

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