Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : KOEPPEL LAW GROUP, P.L.

Account Number : 120070000064 Phone : (561)659-6455 Fax Number : (561)659-7006

FLORIDA/FOREIGN LIMITED LIABILITY CO.

MEDICAL HOMECARE HOLDINGS, LLC

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EXAMINER

5/12/2008

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ARTICLES OF ORGANIZATION of MEDICAL HOMECARE HOLDINGS, LLC

The undersigned acting as the organizer of a limited liability company to be formed under the Florida Limited Liability Company Act, as amended (the "ACT"), hereby forms a Florida limited liability company (this "Company") pursuant to the Act and hereby sets forth the following Articles of Organization (these "Articles").

ARTICLE I - NAME

The name of the Limited Liability Company is: MEDICAL HOMECARE HOLDINGS, LLC

ARTICLE II -ADDRESS

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

400 S, Australian Avenue, #300 West Palm Beach, FL 33401

or such other place or places as may be designated from time to time.

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE and REGISTERED AGENT'S SIGNATURE

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

Joel P. Koeppel 400 S. Australian Avenue, #300 West Palm Beach, Florida 33401

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 as provided for in Chapter 608, F.S.

edistered Agent's Signature

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ARTICLE IV - MANAGEMENT

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager-managed company.

The undersigned has executed these Articles of Organization this 9th day of May, 2008.

Signature of member or authorized representative

(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.)

Joel P. Koeppel

Typed or printed name of signee

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