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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : BUSINESS FILINGS
Account Number : 105256001620
Phone : (608) 827-5300
Fax Number : (608) 827-5501

FLORIDA/FOREIGN LIMITED LIABILITY CO.

MHJ Healthcare Services LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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**ARTICLES OF ORGANIZATION
OF
MHJ Healthcare Services LLC**

ARTICLE I NAME

The name of the limited liability company shall be: **MHJ Healthcare Services LLC**

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be:
2010 E. Martin Luther King Blvd., Tampa, Florida 33610.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Business Filings Incorporated, 1203
Governors Square Blvd, Suite 101, Tallahassee, Florida 32301-2960. Located in the County of
Leon.

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 Managers and the name and
address of the manager of the Limited Liability Company is:

Henry Ballard, 2010 E. Martin Luther King Blvd., Tampa, Florida 33610



Date: June 16, 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
(608) 827-5300

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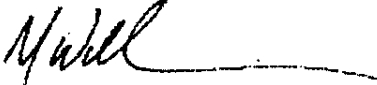
**CERTIFICATE OF DESIGNATION OF REGISTERED
AGENT/REGISTERED OFFICE**

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: **MHJ Healthcare Services LLC**

The name and address of the registered agent and office is Business Filings Incorporated, 1203 Governors Square Blvd, Suite 101, Tallahassee, Florida 32301-2960. Located in the County of Leon.

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: 
Mark Williams, A.V.P. Business Filings Incorporated

Date: June 16, 2008

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