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(Address)

(Address)

(City/State/Zip/Phone #)

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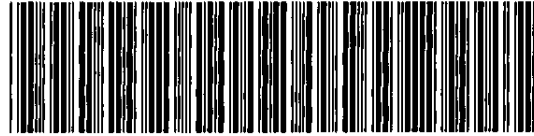
(Business Entity Name)

(Document Number)

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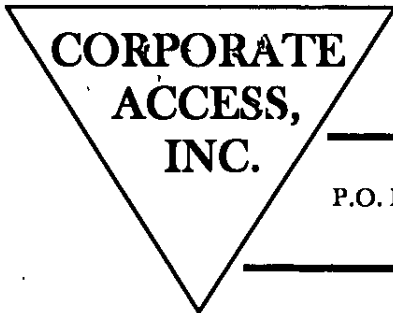
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1.

Synergy Medical Services, LLC
(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

**ARTICLES OF ORGANIZATION
FOR
SYNERGY MEDICAL SERVICES, LLC**

08 SEP - 4 PM 2:33
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The undersigned Organizer, desiring to form a limited liability company pursuant to the provisions of the Florida Limited Liability Company Act, hereby submits, and files with the Florida Department of State, the following Articles of Organization.

ARTICLE I — Name:

The name of the Limited Liability Company shall be: **Synergy Medical Services, LLC** (the "Company").

ARTICLE II — Address:

The mailing address and street address of the principal office of the Company shall be as follows:

19323 Autumn Woods Avenue
Tampa, FL 33647

ARTICLE III — Registered Agent and Registered Office:

The address of the initial registered office of the Company in the State of Florida is 121 North Collins Street, Plant City, Florida 33563, and the name of the registered agent at such address is Keith C. Smith, Esquire.

IN WITNESS WHEREOF, the undersigned Organizer has executed these Articles of Organization this 2 day of September, 2008. In accordance with Section 608.408(3), Florida Statutes, the execution of these Articles of Organization constitutes an affirmation under the penalties of perjury that the facts stated herein are true.



Gautham Sampath, Organizer

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

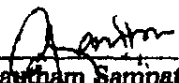
Pursuant to the provisions of Sections 608.415, Florida Statutes, the undersigned Limited Liability Company, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida:

1. The name of the company is:

 Synergy Medical Services, LLC

2. The name and address of the registered agent and office is:

 Keith C. Smith, Esquire
 121 North Collins Street
 Plant City, Florida 33563




Gautham Sampath, Organizer

09/02/08

Date

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.



Keith C. Smith, Esquire

9-2-08

Date