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## To:

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

## From:

Account Name : JONES, FOSTER, JOHNSTON & STUBBS, P.A.  
Account Number : 076077003231  
Phone : (561) 650-0471  
Fax Number : (561) 650-0431SECRETARY OF STATE  
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## FLORIDA/FOREIGN LIMITED LIABILITY CO.

## CRITICAL CARE MANAGEMENT, LLC

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EXAMINER

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**ARTICLES OF ORGANIZATION  
OF  
CRITICAL CARE MANAGEMENT, LLC**

The undersigned hereby acknowledges these Articles of Organization for the purpose of forming a Limited Liability Company under the Florida Limited Liability Company Act, Chapter 608, Laws of Florida.

**ARTICLE I**

**Name**

The name of the Limited Liability Company is "CRITICAL CARE MANAGEMENT, LLC".

**ARTICLE II**

**Address**

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

920 Greenbriar Drive  
Boynton Beach, FL 33435

**ARTICLE III**

**Registered Agent and Registered Office**

The name and the Florida street address of the Registered Agent are:

JONES FOSTER SERVICE, LLC  
505 South Flagler Drive, Suite 1100  
West Palm Beach, Florida 33401

**ARTICLE IV**

**Manager(s) or Managing Member(s)**

The name and address of the Manager is as follows:

**Title:**

**Name and Address:**

MGR

Bradford J. Martin  
920 Greenbriar Drive  
Boynton Beach, FL 33435

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**ARTICLE V**  
**Commencement**

The Limited Liability Company shall commence its existence upon filing with the Secretary of State of the State of Florida.

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.

Date: September 2, 2008

  
\_\_\_\_\_  
BRIAN D. KENNEDY, Authorized  
Representative

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**CERTIFICATE DESIGNATING PLACE OF  
BUSINESS OR DOMICILE FOR THE SERVICE  
OF PROCESS WITHIN THIS STATE, NAMING  
AGENT UPON WHOM PROCESS MAY BE SERVED**

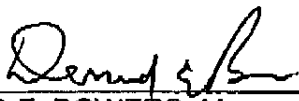
Pursuant to the provisions of Section 608.415, Florida Statutes, the undersigned Limited Liability Company submits the following statement to designate a Registered Office and Registered Agent in the State of Florida:

That CRITICAL CARE MANAGEMENT, LLC desiring to organize under the laws of the State of Florida, has named JONES FOSTER SERVICE, LLC, located at 505 South Flagler Drive, Suite 1100, West Palm Beach, Florida 33401, as its Registered Agent to accept service of process within this state.

**ACKNOWLEDGMENT:**

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.

JONES FOSTER SERVICE, LLC, Registered Agent



DAVID E. BOWERS, Manager

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