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FLORIDA/FOREIGN LIMITED LIABILITY CO.

PHYSICIANS CHOICE LABORATORY SERVICES LLC

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EXAMINER

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**ARTICLES OF ORGANIZATION FOR A
FLORIDA LIMITED LIABILITY COMPANY**

In compliance with Chapter 608, F.S.

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ARTICLE I NAME

The name of the Limited Liability Company is:

PHYSICIANS CHOICE LABORATORY SERVICES LLC

ARTICLE II ADDRESS

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

766 SE 5TH AVENUE
DELRAY BEACH, FLORIDA 33483

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &
REGISTERED AGENT SIGNATURE**

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

A1A REGISTERED AGENT INC.
5647 110TH AVENUE NORTH
ROYAL PALM BEACH, FLORIDA 33411

Having been named as registered agent 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.

x *[Signature]* TAMARA PERS 1/7/09
A1A REGISTERED AGENT INC. / Registered Agent's signature

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PAGE 2 PHYSICIANS CHOICE LABORATORY SERVICES LLC

ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

ARTICLE V MEMBERS (optional)

MANAGING MEMBER

DOUGLAS SMITH

766 SE 5TH AVENUE

DELRAY BEACH, FLORIDA 33483

MANAGING MEMBER

PHILIP MCHUGH

1313 SW 20TH STREET

FORT LAUDERDALE, FLORIDA 33315

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X _____

Signature of a member or an authorized representative of a member
(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.

PHILIP MCHUGH

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