

Division of Corporations

Florida Department of State  
Division of Corporations  
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## To:

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

## From:

Account Name : A.B.S. OF JACKSONVILLE, INC.  
Account Number : I20010000215  
Phone : (904) 777-1533  
Fax Number : (904) 777-1717

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## FLORIDA/FOREIGN LIMITED LIABILITY CO.

## Health Park Medical Supply, LLC

Certificate of Status	1
Certified Copy	0
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JAN 28 2009

EXAMINER

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I. NAME:

The name of the Limited Liability Company is: Health Park Medical Supply, LLC

### ARTICLE II. ADDRESS:

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

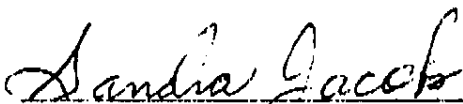
Street Address:  
1892 Bellair Blvd  
Orange Park, FL 32073

### ARTICLE III. REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE:

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

Sandra Jacobs  
3126 Magnolia Road  
Orange Park, FL 32065

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place of 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, Florida Statutes.*



Sandra Jacobs/ Registered Agent

1/27/09

Date

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**ARTICLE IV. MANAGER(S) OR MANAGING MEMBER(S):**

The name(s) and address(es) of each Manager or Managing Member is as follows:

Title:

MGR.

Name and Address:

Sandra Jacobs

3126 Magnolia Road

Orange Park, FL 32065

Title:

MGMR.

Name and Address:

Health Park Foot &amp; Ankle Associates, Inc.

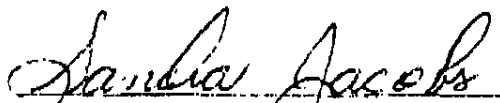
c/o Edward W. Mallard III, President

1975 Old Moultrie Road

St Augustine, FL 32086

**ARTICLE V. EFFECTIVE DATE**

The effective date of this document shall be January 27, 2009.

**REQUIRED SIGNATURE:**IN WITNESS WHEREOF, the undersigned member(s) has executed these Articles of Organization, this 27 day of January, 2009.

Sandra Jacobs, Member

Health Park Foot & Ankle Associates, Inc., Member  
Edward W. Mallard III, President of above

(in accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under penalties of perjury that the facts stated herein are true.)

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