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Florida Department of State  
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To:  
Division of Corporations  
Fax Number : (850) 617-6383

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Account Name : CSH SERVICES, LLC  
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**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**DRS MEDICAL OFFICE, LLC**

Certificate of Status	0
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**ARTICLES OF ORGANIZATION FOR A  
FLORIDA LIMITED LIABILITY COMPANY**

In compliance with Chapter 608, F.S.

**ARTICLE I NAME**

The name of the Limited Liability Company is:

DRS MEDICAL OFFICE, 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.

*Tim Mak*  
A1A REGISTERED AGENT INC. / Registered Agent's signature

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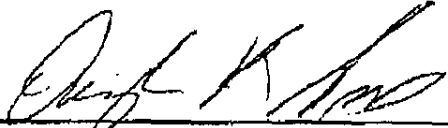
PAGE 2 DRS MEDICAL OFFICE, LLC

**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

.....  
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.

DOUGLAS SMITH

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