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To:

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

From:

Account Name : SHUMAKER, LOOP & KENDRICK LLP
Account Number : 075500004387
Phone : (813) 229-7600
Fax Number : (813) 229-1660

FLORIDA/FOREIGN LIMITED LIABILITY COMPANY

Viridis HealthCare Consulting, LLC

Certificate of Status	0
Certified Copy	1
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EXAMINER

4/17/2009

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**ARTICLES OF ORGANIZATION
VIRIDIS HEALTHCARE CONSULTING, LLC**

ARTICLE I -- Name:

The name of the Limited Liability Company is Viridis HealthCare Consulting, LLC.

ARTICLE II -- Address:

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

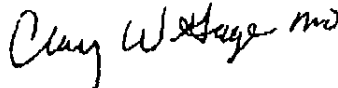
2415 Victoria Gardens Lane
Tampa, Florida 33609

ARTICLE III -- Managing Member:

The name and address of the managing member are:

Craig W. Gage, M.D.
2415 Victoria Gardens Lane
Tampa, Florida 33609

IN WITNESS WHEREOF, I have signed these Articles of Organization as a member and acknowledged them to be my act this 16th day of April 2009.



Signature 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.)

Craig W. Gage, M.D.
Typed or printed name of signee

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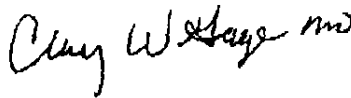
**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

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.

1. The name of the limited liability company is Viridis HealthCare Consulting, LLC.
2. The name and the Florida street address of the registered agent are:

Craig W. Gage, M.D.
2415 Victoria Gardens Lane
Tampa, Florida 33609

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.



Craig W. Gage, M.D.
Registered Agent

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