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From: Account Name : WILLIAMS SCHIFINO ANGTONE & STEADY, P.A.
Account Number : I20000000216
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Fax Number : (813) 221-7335

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

ALTRAMED HOME HEALTH SERVICES, LLC

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EXAMINER

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ARTICLES OF ORGANIZATION
OF
ALTRAMED HOME HEALTH SERVICES, LLC
A Florida Limited Liability Company

The undersigned, being authorized to execute and file these Articles of Organization, hereby certifies that:

ARTICLE I — Name

The name of the limited liability company (hereinafter referred to as the "Company") is:

ALTRAMED HOME HEALTH SERVICES, LLC

ARTICLE II — Address

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

3016 U.S. Highway 301 North
Tampa, Florida 33619

ARTICLE III — Registered Agent

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

Williams Schifino Mangione & Steady P.A.
c/o Jacqueline M. Bell
201 N. Franklin St., Suite 3200
Tampa, Florida 33602

ARTICLE IV — Management

The Company is to be managed by its members, and is therefore a member-managed limited liability company. The name and address of the initial managing member of the Company is as follows:

Name:
Lisa R. Jones

Address:
3016 U.S. Highway 301 North
Tampa, Florida 33619

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TALLAHASSEE, FLORIDA
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ARTICLE V — Operating Agreement

Any Operating Agreement as defined in Section 608.402(24) of the Florida Limited Liability Company Act ("FLLCA"), relating to the Company, must be in writing and signed by all of its members.

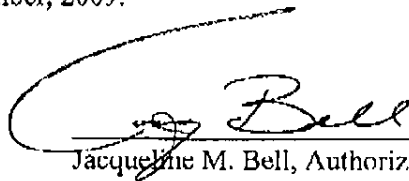
ARTICLE VI — Limitation on Agency Authority of Members

Pursuant to Section 608.4235 of FLLCA, no member of the Company shall be an agent of the Company solely by virtue of being a member.

ARTICLE VII — Date of Existence

Pursuant to Section 608.409(1) of FLLCA, the existence of the Company shall commence effective upon the acceptance of the filing hereof by the Florida Department of State.

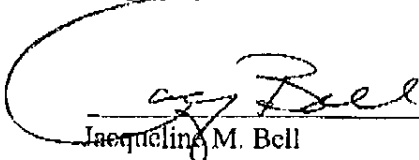
IN WITNESS WHEREOF, I have signed these Articles of Organization and acknowledged them to be my act this 30th day of September, 2009.



Jacqueline M. Bell, Authorized Representative

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CLERK OF THE FLORIDA
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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




Jacqueline M. Bell

STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT

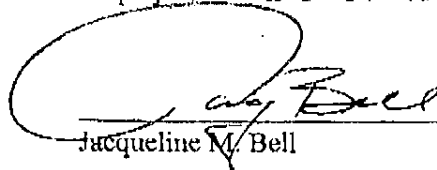
I hereby accept the designation as registered agent to accept service of process for ALTRAMED HOME HEALTH SERVICES, LLC at the place designated in this statement below. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent under Chapter 608, Florida Statutes.

IN WITNESS WHEREOF, I have signed this Statement Accepting Appointment as Registered Agent this 30th day of September, 2009.



Jacqueline M. Bell, Registered Agent
Williams Schifino Mangione & Steady P.A.
201 N. Franklin St., Suite 3200
Tampa, Florida 33602

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



Jacqueline M. Bell

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