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Florida Department of State
Division of Corporations
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To: Division of Corporations **L. SELLERS**
Fax Number : (850) 617-6393

From: Account Name : CSH SERVICES, LLC **FEB - 8 2010**
Account Number : I20070000163
Phone : (800) 494-3124 **EXAMINER**
Fax Number : (561) 455-9855

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA/FOREIGN LIMITED LIABILITY CO.
ELDER MEDICAL, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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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:

ELDER MEDICAL, LLC

ARTICLE II ADDRESS

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

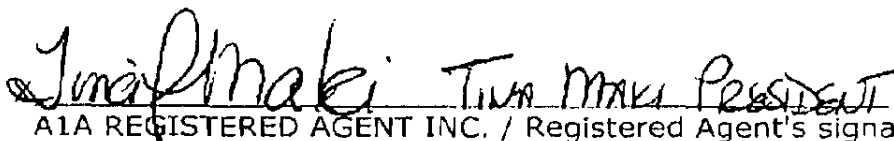
5614 IVY ROAD
PANAMA CITY, FLORIDA 32404

**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.

 Tina Maki President
A1A REGISTERED AGENT INC. / Registered Agent's signature

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PAGE 2 ELDER MEDICAL, 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

WILLIAM S ELDER

5614 IVY ROAD

PANAMA CITY, FLORIDA 32404

.....

x William S Elder

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.

WILLIAM S ELDER

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TALLAHASSEE, FLORIDA
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