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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S. HAWKES

FEB 26 2010

EXAMINER

# HANSON

## LAW OFFICE

Michael A. Hanson, Esquire  
Of Counsel:  
Edward R. Hanson, Esquire  
Kenneth G. Wing, Esquire

2501 North Orient Road  
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Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

### RE PATIENT CARE ERGONOMIC SOLUTIONS

Gentlemen:

The enclosed Articles of Organization and fees are submitted for filing.

Please return all correspondence concerning this matter to my office.

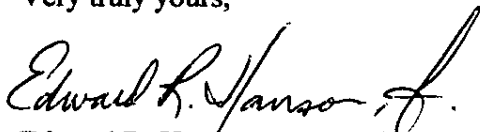
For further information concerning this matter, please call:

Edward R. Hanson, Jr., Esquire  
(813) 626-7304

Enclosed is a check for the following amount:

✿ \$125.00 filing fee ✿ \$130.00 Filing fee & Certificate of Status ✿ \$155.00 Filing Fee & Certified Copy ✿ \$160.00 Filing Fee & Certificate of Status Certified Copy

Very truly yours,

  
Edward R. Hanson, Jr., Esquire

Enclosures.

ARTICLES OF ORGANIZATION  
FOR

**PATIENT CARE ERGONOMIC SOLUTIONS, LLC**

**ARTICLE I - Name**

The name of the Limited Liability Company is **PATIENT CARE ERGONOMIC SOLUTIONS, LLC**. The purpose of the Corporation shall be to conduct any lawful business as permitted under Florida Statutes.

This company provides expertise in the use of evidence-based ergonomic and human factors principles to make healthcare work environments safer for both patients and caregivers. As well, the company provides safe patient handling and movement program design, development, implementation and maintenance strategies in order to ensure successful adoption of ergonomic and human factors recommendations.

**ARTICLE II - Address**

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

**Principal Office Address:**

**PATIENT CARE ERGONOMIC SOLUTIONS, LLC**  
17702 Esprit Drive  
Tampa Florida, 33647

**Mailing Address:**

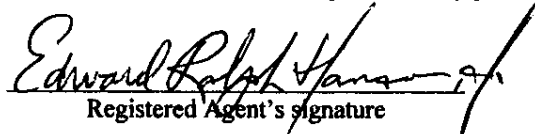
**PATIENT CARE ERGONOMIC SOLUTIONS, LLC..**  
17702 Esprit Drive  
Tampa, Florida 33647

**ARTICLE III - Registered Agent**

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

**EDWARD RALPH HANSON, JR.**  
11708 Forest Hills Drive  
Tampa, Florida 33612

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 as provided for in Chapter 608 F.S.

  
Registered Agent's signature

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**ARTICLE IV - Managers or Managing Members**

The name and address of each Manager or Managing Member is as follows:

**Title**

"MGR"=Manager

"MGRM"=Managing Member

**Name and Address**

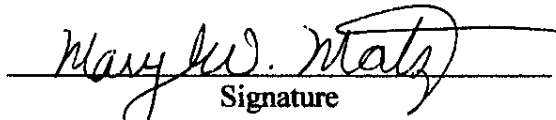
MGRM

MARY WILLA MATZ  
17702 Esprit Drive  
Tampa Florida, 33647

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TALLAHASSEE, FLORIDA

**ARTICLE V - Effective Date**

Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

  
Signature  
**MARY WILLA MATZ**