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

From: Account Name : CSH SERVICES, LLC
Account Number : I20070000160
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FLORIDA LIMITED LIABILITY CO.
PATIENT BENEFITS SERVICES, LLC

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EXAMINER

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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:

PATIENT BENEFITS SERVICES, LLC

ARTICLE II ADDRESS

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

5371 73RD STREET NORTH
SAINT PETERSBURG, FLORIDA 33709

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &
REGISTERED AGENT SIGNATURE**

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

MELODY MCLENDON
5371 73RD STREET NORTH
SAINT PETERSBURG, FLORIDA 33709

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.


MELODY MCLENDON, Registered Agent's signature

SECRETARY OF STATE
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PAGE 2 PATIENT BENEFITS SERVICES, LLC

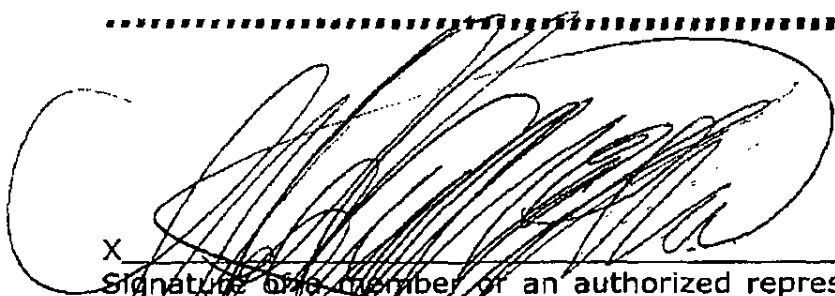
ARTICLE IV MANAGEMENT

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
MELODY MCLENDON
5371 73RD STREET NORTH
SAINT PETERSBURG, FLORIDA 33709

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X _____
Signature of a member of 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.

MELODY MCLENDON

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