

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L10000076389  
FILED 8:00 AM  
July 20, 2010  
Sec. Of State  
shawkes

**Article I**

The name of the Limited Liability Company is:

ALLIED PATIENT CARE SOLUTIONS LLC

**Article II**

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

810 SOUTH STATE ROAD 7  
PLANTATION, FL. 33317

The mailing address of the Limited Liability Company is:

810 SOUTH STATE ROAD 7  
PLANTATION, FL. 33317

**Article III**

The purpose for which this Limited Liability Company is organized is:

ANY AND ALL LAWFUL BUSINESS.

**Article IV**

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

SHALIZ WILLIAMS-PIERRE  
810 SOUTH STATE ROAD 7  
PLANTATION, FL. 33317

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.

Registered Agent Signature: SHALIZ WILLIAMS-PIERRE

## **Article V**

The name and address of managing members/managers are:

Title: MGRM  
SHALIZ WILLIAMS-PIERRE  
810 SOUTH STATE ROAD 7  
PLANTATION, FL. 33317

Title: MGRM  
PAULINE V CANION  
810 SOUTH STATE ROAD 7  
PLANTATION, FL. 33317

Title: MGRM  
JOSEPH PIERRE  
810 SOUTH STATE ROAD 7  
PLANTATION, FL. 33317

Title: MGRM  
MATTHEW CANION  
810 SOUTH STATE ROAD 7  
PLANTATION, FL. 33317

Signature of member or an authorized representative of a member

Signature: SHALIZ WILLIAMS-PIERRE

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