

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

L10000085676
FILED 8:00 AM
August 16, 2010
Sec. Of State
nculligan

Article I

The name of the Limited Liability Company is:
COMPLETE MOBILE HEALTHCARE, LLC

Article II

The street address of the principal office of the Limited Liability Company is:
1111 ARBOR HILL CR.
MINNEOLA, FL. 34715

The mailing address of the Limited Liability Company is:
1111 ARBOR HILL CR.
MINNEOLA, FL. 34715

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:
SHARON A BRIDGES
1111 ARBOR HILL CR.
MINNEOLA, FL. 34715

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: SHARON A. BRIDGES

Article V

The name and address of managing members/managers are:

Title: MGRM
SHARON A BRIDGES
1111 ARBOR HILLS CR.
MINNEOLA, FL. 34715

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Article VI

The effective date for this Limited Liability Company shall be:

08/16/2010

Signature of member or an authorized representative of a member

Signature: SHARON A. BRIDGES