Electronic Articles of Organization
For
Florida Limited Liability Company

L10000108941
FILED 8:00 AM
October 19, 2010
Sec. Of State
dbruce

Article I

The name of the Limited Liability Company is:

RHEUMATOLOGY PHARMACY DISTRIBUTION, LLC

Article II

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

1515 N. FLAGLER DRIVE
SUITE 620
WEST PALM BEACH, FL. US 33401

The mailing address of the Limited Liability Company is:

1515 N. FLAGLER DRIVE
SUITE 620
WEST PALM BEACH, FL. US 33401

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:

JEFFREY L COHEN
909 SE 5TH AVENUE
SUITE 200
DELRAY BEACH, FL. 33483

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: JEFFREY L. COHEN

Signature of member or an authorized representative of a member

Signature: ETHEL OWEN