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Division of Corporations

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Florida Department of State
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L. SELLERS

JUL -7 2011

From:
Account Name : FEE & JEFFRIES, P.A.
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Phone : (813) 229-8008
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EXAMINER

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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FLORIDA LIMITED LIABILITY CO.
Health Care Forms, LLC

Certificate of Status	1
Certified Copy	0
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**ARTICLES OF ORGANIZATION
OF
HEALTH CARE FORMS, LLC**

The undersigned authorized representative of a member of the captioned Limited Liability Company, under the provisions of the Florida Limited Liability Company Act, Chapter 608, Florida Statutes, adopts the following Articles of Organization:

ARTICLE I

Name, Mailing Address and Purpose of Organization

The name of this limited liability company is Health Care Forms, LLC (the "Company"). The Company's principal address and mailing address is 3111 W. Dr. Martin Luther King, Jr. Blvd., Suite 100, Tampa, FL 33607. The Company's initial registered agent is David M. Jeffries, whose address is 1227 N. Franklin Street, Tampa, Florida 33602. The Company is organized to enable its members to transact any lawful business for which a limited liability company may be organized under Florida law.

ARTICLE II

Duration of Existence

The Company shall remain in existence from the date the Articles of Organization are filed with the Florida Department of State until terminated in accordance with the provisions of the Florida Limited Liability Company Act or the Company's Operating Agreement.

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ARTICLE III

Management of the Company

The Company shall be managed in the manner set forth in the Company's Operating Agreement. The following individuals shall be the Company's initial manager(s), who shall serve the Company in the capacity set forth in the Company's Operating Agreement and who shall have full authority to establish the Company's accounts with financial institutions:

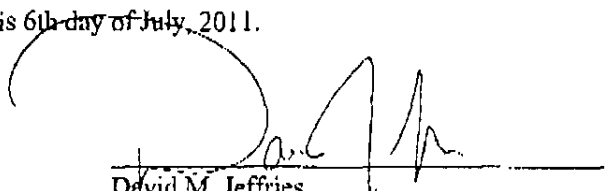
Timothy Kurtz
Candace Kurtz

ARTICLE IV

Indemnification

If in the judgment of the members, the criteria set forth in §608.4229, *Florida Statutes*, or any successor statute, have been met, then the Company shall indemnify any manager or member, or former manager or member, his/her or its personal representatives, devisees or heirs, in the manner and to the extent contemplated by §608.4229, *Florida Statutes*.

IN WITNESS WHEREOF, the undersigned authorized representative of a member has executed these Articles of Organization this 6th day of July, 2011.


David M. Jeffries,
Authorized Representative of a Member

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**CERTIFICATE DESIGNATING
REGISTERED AGENT**

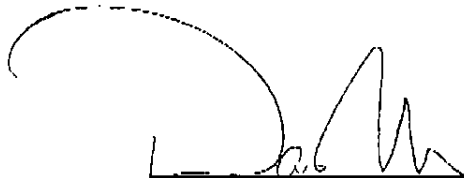
Pursuant to the provisions of §§48.091 and 608.415, *Florida Statutes*, Health Care Forms, I.I.C., desiring to organize as a limited liability company under the laws of the State of Florida, by action of its members, hereby designates David M. Jeffries an individual resident of the State of Florida, as its Registered Agent for the purpose of accepting service of process within such State and designates 1227 N. Franklin Street, Tampa, Florida 33602, the business address of its Registered Agent, as its Registered Office.



David M. Jeffries,
Authorized Representative of a Member

ACKNOWLEDGMENT

I hereby accept my appointment as Registered Agent of the above named limited liability company and agree to act as such in accordance with the provisions of §48.091 and §608.415, *Florida Statutes*.



David M. Jeffries, Registered Agent

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