

Division of Corporations

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

**From:**  
Account Name : GREENSPOON MARDER, P.A.  
Account Number : 076064003722  
Phone : (888) 491-1120  
Fax Number : (954) 343-6962

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

**Email Address:** \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.  
All Medical Equipment, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

**A. LUNT**

DEC 13 2011

**EXAMINER**

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# Fax Message

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**To:** 18506176383  
**Fax:** 18506176383  
**From:** Debby Oppenude  
Greenspoon Marder, P.A.  
**Date:** 12/12/2011 1:26 PM  
**Pages:** 1 of 6 (including this page)  
**Subject:** Articles of Organization

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**ARTICLES OF ORGANIZATION  
OF  
ALL MEDICAL EQUIPMENT, LLC**

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**ARTICLE I - Name:**

The name of the Limited Liability Company is All Medical Equipment, LLC.

**ARTICLE II - Duration:**

The period of duration for the Limited Liability Company shall begin with the filing of these Articles with the Florida Department of State, and shall exist perpetually, unless sooner dissolved in accordance with the Operating Agreement of the Limited Liability Company or Florida law.

**ARTICLE III - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is 1175 So. U.S. Highway One, Vero Beach, Florida 32962.

**ARTICLE IV - Registered Agent:**

The name and address of the initial registered agent for this Limited Liability Company is Greenspoon Marder, P.A., 100 W. Cypress Creek Road, Suite 700, Fort Lauderdale, Florida 33309.

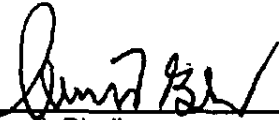
**ARTICLE V - Management:**

The Limited Liability Company is to be managed by a manager or managers and the names and addresses of the initial managers who are to serve as managers are:

Lalita Janke  
1175 So. U.S. Highway One  
Vero Beach, Florida 32962

Naheed Shareef  
320-322 N.W. Bethany Drive  
Port St. Lucie, Florida 34986

Whereof, the undersigned member has executed these Articles the 12<sup>th</sup> day of December, 2011.

  
\_\_\_\_\_  
Gregory J. Blodig,  
Authorized Representative of Member

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TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

All Medical Equipment, LLC

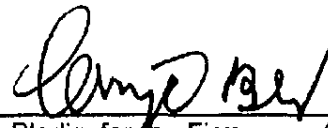
2. The name and address of the registered agent and office is:

Greenspoon Marder, P.A. (the "Firm")  
100 W. Cypress Creek Road, Suite 700  
Fort Lauderdale, Florida 33309

By:   
Gregory J. Blodig, Registered Agent

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*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, the Firm hereby accepts the appointment as registered agent and agrees to act in this capacity. The Firm further agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties, and the Firm is familiar with and accepts the obligations of its position as registered agent.*

  
\_\_\_\_\_  
Gregory J. Blodig, for the Firm (Signature) December 12, 2011 (Date)