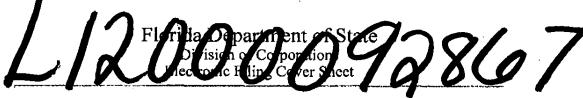
Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GREENSPOON MARDER, P.A.

Account Number : 076064003722

Phone Fax Number : (888)491-1120 : (954)343-6962

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

FLORIDA LIMITED LIABILITY CO. NRG MEDICAL, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

JUL 18 2012

EXAMINER

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ARTICLES OF ORGANIZATION

OF

NRG MEDICAL, LLC

ARTICLE I - Name:

The name of the Limited Liability Company is NRG MEDICAL, 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 4425 Ponce de Leon Boulevard, Sulte 230, Coral Gables, Florida 33146.

ARTICLE IV - Registered Agent:

The name and address of the initial registered agent for this Limited Liability Company is Paul T. Rose, 4425 Ponce de Leon Boulevard, Suite 230, Coral Gables, Florida 33146.

ARTICLE V - Management:

The Limited Liability Company is to be managed by a manager or managers. The name and address of the initial manager who is to serve as Manager of the Company is:

Paul T. Rose 4425 Ponce de Leon Boulevard, Suite 230 Coral Gables, Florida 33146 12 JUL 17 AM 9: 4

7/17/2012 4:08:50 PM

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Fax Server

Whereof, the undersigned authorized representative of the member has executed these

Articles the ____ day of _

Paul T. Rose Authorized Representative of Member

14029-0003-9360117 v1

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:

NRG MEDICAL, LLC

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

Paul T. Rose 4425 Ponce de Leon Boulevard, Suite 230, Coral Gables, Florida 33146

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.

Paul T. Rose

(Signature)

June 4, 2012

(Date)

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SECRETARY OF STATE
TALLAHASSEE