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C. GOLDEN

DEC 16 2016

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 424584 7548888

AUTHORIZATION :

Signature

COST LIMIT : \$ 125.00

ORDER DATE : December 15, 2016

ORDER TIME : 8:40 AM

ORDER NO. : 424584-005

CUSTOMER NO: 7548888

DOMESTIC FILING

NAME: ORTHOCARE PHARMACY, LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - EXT. 62935

EXAMINER'S INITIALS: _____

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**ARTICLES OF ORGANIZATION
OF
ORTHOCARE PHARMACY, LLC**

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TALLAHASSEE, FLORIDA

Under the Revised Florida Limited Liability Company Act, the undersigned/authorized representative submits these Articles of Organization for the purpose of forming OrthoCare Pharmacy, LLC (the "Company").

**ARTICLE I
NAME AND MANAGEMENT**

The Company's name is OrthoCare Pharmacy, LLC. The Company is manager-managed.

**ARTICLE II
MAILING ADDRESS AND STREET ADDRESS**

The mailing address and the street address of the principal office of the limited liability company are the same: 430 Morton Plant Street, Suite 301, Clearwater, FL 33756.

**ARTICLE III
NAME AND STREET ADDRESS OF REGISTERED AGENT**

The name of the initial registered agent for service of process in this state is John Kilgore, M.D. The street address of the initial registered agent is 430 Morton Plant Street, Suite 301, Clearwater, Florida 33756.

These Articles of Organization shall be effective upon filing.

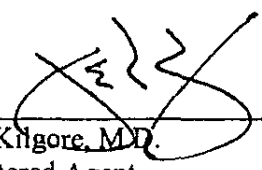


John Kilgore, M.D.
Authorized Representative

ACCEPTANCE BY REGISTERED AGENT

I accept appointment as registered agent of OrthoCare Pharmacy, LLC. I am familiar with and accept the obligations of that position, as set forth in Chapter 605, Florida Statutes.

Signed by the undersigned registered agent on December 15, 2016.



John Kingore, M.D.
Registered Agent

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