



1201 HAYS STREET  
TALLAHASSEE, FL 32301  
904 939174

800-342-0086

**L950000450**

ACCOUNT NO. : 072100000032

REFERENCE : 617472 9196A

AUTHORIZATION :

COST LIMIT : \$ 337.50

ORDER DATE : June 14, 1995

ORDER TIME : 11:46 AM

ORDER NO. : 617472

100001512911

CUSTOMER NO: 9196A

CUSTOMER: Ms. Clare Phillips  
KATHERINE A. CHRISTY, ESQ

Suite 230  
250 International Parkway  
Heathrow, FL 32746

DOMESTIC FILING

NAME: SOVRAN MEDICAL INTERNATIONAL,  
L.C.

XX ARTICLES OF ORGANIZATION  
       CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY  
       PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Lori R. Dunlap

EXAMINER'S INITIALS:

T. BROWN JUN 15 1995

FILED  
95 JUN 14 AM 8 11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION FOR  
SOVRAN MEDICAL INTERNATIONAL, L.C.,  
A FLORIDA LIMITED LIABILITY COMPANY**

**FILED**  
95 JUN 14 AM 8:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I - Name**

The name of the Limited Liability Company is:

SOVRAN MEDICAL INTERNATIONAL, L.C.

**ARTICLE II - Address**

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

174-B Somoran Commerce Place, Suite 118  
Apopka, Florida 32703

**ARTICLE III - Duration**

The period of duration for the Limited Liability Company shall be:

Until December 31, 2015 or until dissolved by operation of law or as further provided in the regulations adopted by the members.

Provided, that in the event of the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member, or other occurrence of any other event that terminates the continued membership of a member in the Limited Liability Company, the Limited Liability Company will dissolve unless the remaining members by unanimous consent agree to continue the business of the Limited Liability Company.

**ARTICLE IV - Management**

The management of the Limited Liability Company is reserved to the members, whose names and addresses are as follows:

Stephen D. Brice  
174-B Semoran Commerce Place  
Suite 118  
Apopka, Florida 32703

Sovran Medical Products, Inc.  
174-B Semoran Commerce Place  
Suite 118  
Apopka, Florida 32703

**ARTICLE V - Initial Registered Agent and Registered Office**

The address of the initial registered office of the Limited Liability Company is 174-B Semoran Commerce Place, Suite 118, Apopka, Florida, and the name of its initial registered agent at such address is Stephen D. Brice.

**ARTICLE V - Restrictions on Membership**

Restrictions upon admission of new members and alienation of member interest shall be as set forth in the regulations.

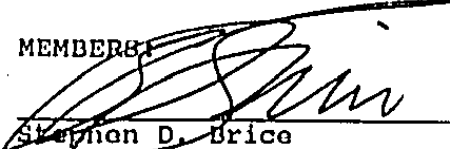
**ARTICLE VI - Miscellaneous**

Restrictions upon the authority of members to incur indebtedness of contractual liability, or to alienate or acquire any interest in property, on behalf of the Limited Liability Company, shall be as set forth in the regulations.

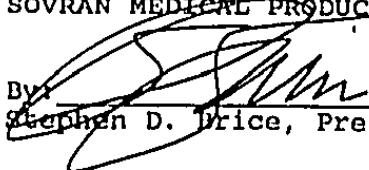
The undersigned, being a representative of a member of the Limited Liability Company hereby certifies that the foregoing constitutes the Articles of Organization of Sovran Medical International, L.C.

Executed by the undersigned at Heathrow, Florida, on June 13, 1995.

MEMBERS:

  
Stephen D. Price

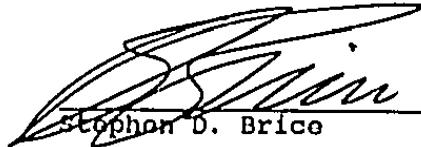
SOVRAN MEDICAL PRODUCTS, INC.

By:   
Stephen D. Price, President

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

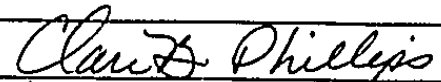
The undersigned member or authorized representative of a member of Sovran Medical International, L.C. deposes and says:

1. The above-named limited liability company has at least two members.
2. The total amount of cash contributed by the member(s) is \$100.00.
3. If any, the agreed value of property other than cash contributed by member(s) is NONE (\$0.00). A description of the property is attached and made a part hereto.
4. The total amount of cash or property anticipated to be contributed by member(s) is \$100.00. This total includes amounts from 2 and 3 above.

  
Stephen D. Brice

STATE OF FLORIDA  
COUNTY OF SEMINOLE

The foregoing instrument was acknowledged before me this 13th day of June, 1995, by Stephen D. Brice, member of Sovran Medical International, L.C., who did not take an oath and: \_\_\_\_\_ is personally known to me, ☒ produced a driver's license (issued by a state of the United States within the last five (5) years) as identification, or \_\_\_\_\_ produced other identification, to wit: \_\_\_\_\_.

  
Print Name: Clare B. Phillips  
Notary Public - State of Florida  
Commission Number: CC 310293  
My Commission Expires: 08/23/97

c:\wp51\data\sovrn.art

CLARE B. PHILLIPS  
Notary Public, State of Florida  
My comm. expires Aug. 23, 1997  
Comm. No. CC310293

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

95 JUN 14 AM 11:00  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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.

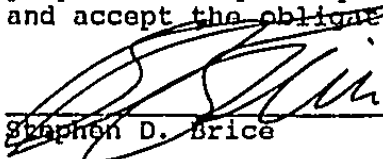
1. The name of the limited liability company is:

SOVRAN MEDICAL INTERNATIONAL, L.C.

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

Stephen D. Brice  
174-B Samoran Commerce Place, Suite 118  
Apopka, Florida 32703

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.

  
Stephen D. Brice

6.13.95  
(Date)

**FILE NOW: Fee after May 1, will be \$263.75**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                           |                                                                                                                                                                      |                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| LIMITED LIABILITY COMPANY<br>ANNUAL REPORT<br>1996                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                           |                                                                                     |                          |
| <b>FILING FEE</b><br><b>\$ 238.75</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                           | Annual Report \$100.00 + \$138.75 Corporation Supplemental Fee<br><b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>                                          |                          |
| <b>1. Name and Mailing Address of Limited Liability Company</b><br><b>DOCUMENT #L95000000450</b><br>SOVRAN MEDICAL INTERNATIONAL, L.C.<br>174-B SEMORAN COMMERCE PLACE<br>SUITE 118<br>APOPKA FL 32703                                                                                                                                                                                                                                                                                                                                                                                                                       |                           | <b>1a. Principal Place of Business Address</b><br>174-B SEMORAN COMMERCE PLACE<br>SUITE 118<br>APOPKA FL 32703                                                       |                          |
| If above mailing address is incorrect in any way, file through incorrect information and enter correction in Block 2a.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                           |                                                                                                                                                                      |                          |
| <b>2. Principal Place of Business</b><br>State Apt # etc<br>City & State<br>Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                           | <b>2a. Mailing Address</b><br>P.O. Box 1253<br>State Apt # etc<br>City & State<br>Apopka FL<br>32704 1253 USA                                                        |                          |
| <b>3. Date Organized or Qualified</b><br>06/14/1995                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                           | <b>3a. State of Formation</b><br>FL                                                                                                                                  |                          |
| <b>4. FIC Number</b><br>59-3323147                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                           | <input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable                                                                                      |                          |
| <b>5. Date of Last Report</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           | <b>6. Certificate of Status Desired</b><br><input type="checkbox"/> \$8.75 Additional Fee Required                                                                   |                          |
| <b>7. Name and Address of Current Registered Agent</b><br>BRICE, STEPHEN D<br>174-B SEMORAN COMMERCE PLACE<br>SUITE 118<br>APOPKA FL 32703                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                           | <b>8. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>State Apt # etc<br>City<br>Zip Code<br><b>FL</b> |                          |
| 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent or both in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent and accept the obligations.                                                                                                                                                                                                        |                           |                                                                                                                                                                      |                          |
| SIGNATURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                           | DATE                                                                                                                                                                 |                          |
| 10. Title                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Managing Members/Managers | Business Street Address                                                                                                                                              | City, State and Zip Code |
| MGRM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | BRICE, STEPHEN D          | 174-B SEMORAN COMMERCE PLA                                                                                                                                           | APOPKA FL                |
| MGRM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | SOVRAN MEDICAL PRODUCT    | 174-B SEMORAN COMMERCE PLA                                                                                                                                           | APOPKA FL                |
| 11. I do hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute the report as required by Chapter 608, Florida Statutes, and that my name appears in Block 10, or on an attachment with an address. |                           |                                                                                                                                                                      |                          |
| SIGNATURE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                           | 4/11/96 826 2775                                                                                                                                                     |                          |

L95000000450  
**SOVRAN**

Medical Products, Inc.

August 5, 1996

Florida Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

In re Certificate of Amendment

Enclosed please find our check in the amount of \$61.25 to cover the cost of the filing fee and Certificate of Status.  
Also, we are mailing today our Limited Liability Annual Report.

We look forward to receipt of our documents for our name change to Direct Medical Products. Thank you.

Sincerely,



Dee Downham  
Administrator

300001915423  
-08/07/96--01060--002  
\*\*\*\*\*61.25 \*\*\*\*\*61.25

SH 8/13  
NC

FILED  
95 AUG -7 PM 1:10  
TALLAHASSEE, FLORIDA

**CERTIFICATE OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

SOVRAN MEDICAL INTERNATIONAL, L.C.

(Present Name)  
(A Florida Limited Liability Company)

**FIRST:** The date of filing of the articles of organization was June 14, 1996

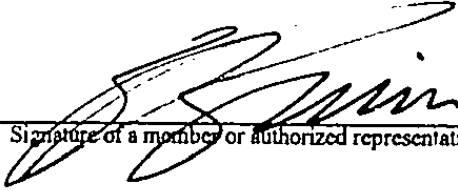
**SECOND:** The following amendment(s) to the articles of organization was/were adopted by the limited liability company:

Change name to:

**DIRECT MEDICAL PRODUCTS, L.C.**

FILED  
6608-7 FRI 1:10  
JUL 19 1996  
CLERK OF CIRCUIT COURT  
JACKSONVILLE, FLORIDA

Dated August 5, 191996

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Stephen D. Brice

Typed or printed name of person signing