1201 Hays Street
[illegible], FL 32301
800-342-8086

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PRENTICE HALL LEGAL & FINANCIAL SERVICES

ACCOUNT NO. : 072100000032

REFERENCE : 617472 9196A

AUTHORIZATION : Patricia Liggitt

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.

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

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

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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

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 Semoran 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.

MEMBER:

Stephen D. Price

SOVRAN MEDICAL PRODUCTS, INC.

By:

Stephen D. Price, President

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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:_____.

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

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

FILED
95 JUN 14 AM
SECRETARY OF STATE
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:

   SOVRAN MEDICAL INTERNATIONAL, L.C.

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

   Stephen D. Brice
   174-B Semoran 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)

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

ANNUAL REPORT
1996

FILING FEE $ 238.75	Annual Report $100.00 + $138.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1 Name and Mailing Address of Limited Liability Company **DOCUMENT #L95000000450**

SOVRAN MEDICAL INTERNATIONAL, L.C.
174-B SEMORAN COMMERCE PLACE
SUITE 118
APOPKA FL 32703

1a Principal Place of Business Address
174-B SEMORAN COMMERCE PLACE
SUITE 118
APOPKA FL 32703

If above mailing address is incorrect or any way has been through incorrect information and other corrections [illegible]

2 Principal Place of Business
Suite Apt # etc
City & State
Zip

2a Mailing Address
P.O. Box 1203
Suite Apt # etc
City & State
APOPKA FL
32703 1203 U.S.A.

3 Date Organized or Qualified: 06/14/1995
3a State of Formation: FL
4 FEI Number: 59-3323147
☐ Applied For
☐ Not Applicable
5 Date of Last Report
6 Certificate of Status Desired
$8.75 Additional Fee Required ☐

7 Name and Address of Current Registered Agent

BRICE, STEPHEN D
174-B SEMORAN COMMERCE PLACE
SUITE 118
APOPKA FL 32703

8 Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite Apt # etc
City
FL
Zip Code

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 also hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), 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 this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address.

SIGNATURE: [signature] 4/11/96 407/ 886 2225

INHSE10 R(12/95)

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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

Dee Downham
Administrator

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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
96 AUG -7 PM 1:10
TALLAHASSEE, FLORIDA

Dated August 5, 1996.

Signature of a member or authorized representative of a member

Stephen D. Brice
Typed or printed name of person signing