L96000009964

To: Dept. of State, Div. of Corp

From: Your Health Matters, L.C.
(Michael Muzio)
2329 Sunset Point Rd. #203
Clearwater, Fl. 34625

Re: New Articles of Organization for filing

Date: 9-10-96

800001945918
-09/12/96--01080--001
****337.50 ****337.50

SIRS:

Please find enclosed,a check for $337.50. This is to cover the fees for filing a new "L.C." Corporation and designated agent, and a certified copy.

Thankyou for your prompt attention.

Michael Muzio

FILED
96 SEP 12 AM 10:51
SECRETARY OF STATE
TALLAHASSEE FLORIDA

9/13

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED
95 SEP 12 AM 10:51
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE I - Name:
The name of the Limited Liability Company is:

YOUR HEALTH MATTERS, L.C.

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

2329 Sunset Point Rd. #203
Clearwater, Fla. 34625

ARTICLE III - Duration:
The period of duration for the Limited Liability Company shall be:

THIRTY (30) YEARS

ARTICLE IV - Management:
(check and complete the appropriate statement)

☐ The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

☒ The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/ are:

Michael Muzio
2329 Sunset Point Rd #203
Clearwater, FL 34625

Charles LeCher
933 Eldorado Ave.
Clearwater, Fl.
34630

National Medical
Injury centers, L.C.
2329 Sunset Pt.Rd.#203
Clearwater, Fl.34625

ARTICLE V - Admission of Additional Members:

The right, if given, of the remaining members to admit additional members and the terms and conditions of the admissions shall be:

The right, if given. of the remaining managers/members to admit additional members/managers and the terms and conditions of the admissions shall be:
The addition of any manager/member in the Company must be with the written consent of all the members/managers.

ARTICLE VI - Members Rights to Continue Business:

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurence of any other event which terminates the continued membership of a member in the limited liability company shall be:
The Company shall have the right to continue operating and shall not effected on the death, retirement, resignation, expulsion, bankruptcy, or any other occurence which terminates the membership of a member in this Company.

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member or authorized representative of a member of _____

Your Health Matters, 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 $ 200.00 .

3) if any, the agreed value of property other than cash contributed by member(s) is $ 200.00 . 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 $ 200.00 . This total includes amounts from 2 and 3 above.

Signature of a member or authorized representative of a member.
(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

FILING FEE: $ 250 for Articles of Organization and Affidavit

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:

Your Health Matters L.C.

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

Michael Muzio
(Name)

2329 Sunset Point Rd. #203
(P.O. Box not acceptable)

Clearwater, FL 34625
(City/State/Zip)

FILED
96 SEP 12 AM 10:51
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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.

(Signature)

Sept 10, 1996
(Date)

FILING FEE: $35 for Designation of Registered Agent

DEBIT MEMORANDUM

FOR OFFICIAL USE

TO : DEPARTMENT OF STATE

DATE 10-1-96

NUMBER 71179

L96000009964

STATE OF FLORIDA
OFFICE OF STATE TREASURER
TALLAHASSEE FLORIDA

FUND	AMOUNT	REASON RETURNED	KEY #
GENERAL REVENUE	0.00	INSUFFICIENT FUNDS	1
TRUST	1,738.50	ACCOUNT CLOSED	2
OTHER		UNCOLLECTED FUNDS	3
TOTAL	1,738.50	OTHER	4

CROSS REF	DISTRIBUTION SAMAS CODE	REASON	AMOUNT
12	45-20-2-130001-45300000-00-000100-00	1	6.00
12	45-20-2-130001-45300000-00-000100-00	1	8.75
12	45-20-2-130001-45300000-00-000100-00	4	30.00
12	45-20-2-130001-45300000-00-000100-00	1	80.00
12	45-20-2-130001-45300000-00-000100-00	2	122.50
12	45-20-2-130001-45300000-00-000100-00	1	122.50
12	45-20-2-130001-45300000-00-000100-00	1	131.25
12	45-20-2-130001-45300000-00-000100-00	1	225.00
12	45-20-2-130001-45300000-00-000100-00	1	225.00
12	45-20-2-130001-45300000-00-000100-00	1	225.00
12	45-20-2-130001-45300000-00-000100-00	4	225.00
12	45-20-2-130001-45300000-00-000100-00	1	317.50

GRAND TOTAL: $ 1,738.50

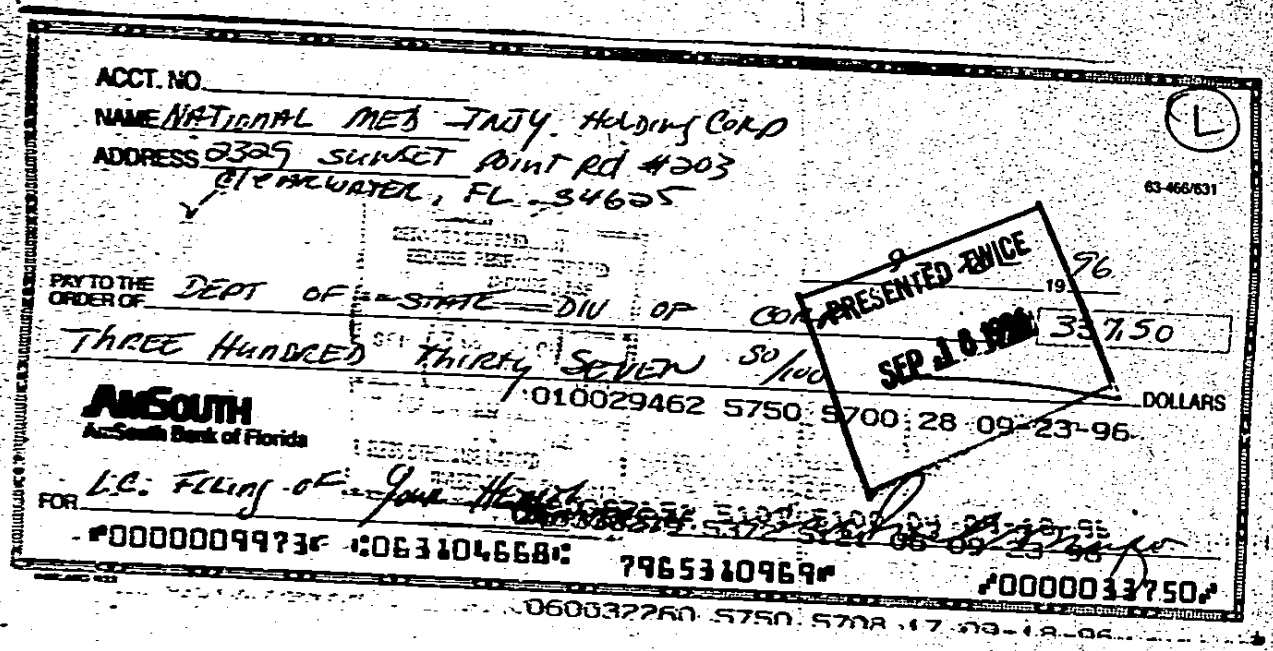
RECEIVED
96 OCT 3 PM 2:15
MANAGEMENT

71179-L

Process Date: 09/23/96

The above named fund(s) has been reduced by the amount of this check(s) under authority of Section 215.34, F.S.

State Treasurer



ACCT. NO.

NAME NATIONAL MED TECH. HOLDING CORP

ADDRESS 8325 SUNSET POINT RD #303

CLEARWATER, FL 34625

63-466/631

PAY TO THE ORDER OF DEPT OF STATE — DIV OF COR 9 19 96

PRESENTED TWICE

SEP 10 1996

337.50

THREE HUNDRED THIRTY SEVEN 50/100 DOLLARS

AmSouth

AmSouth Bank of Florida

010029462 5750 5700 28 09-23-96

FOR L.C. FILING OF JOINT

⑈000009973⑈ ⑆063104668⑆ 7965310969⑈ ⑈000033750⑈

0600322760 5750 5708 17 09-18-96

DEPT OF STATE 4500453
FOR DEPOSIT ONLY
-09/12/96--01080--001
*****337.50

DO NOT SIGN / WRITE / STAMP BELOW THIS LINE
FOR BANK USE ONLY

062000190

01DD29462 09-23-96

BARNETT JAX
FL

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

October 8, 1996

Your Health Matters, L.C.
2329 Sunset Point Rd.
#203
Clearwater, FL 34625

Limited Liability

SUBJECT: YOUR HEALTH MATTERS, L.C.
Ref. Number: L96000000964

Debit Memo #: 71179-L

This is to inform you that your check #Counter Check dated September 10, 1996 in the amount of $337.50 and submitted for YOUR HEALTH MATTERS, L.C. has been returned to us by your bank because of Nonsufficient Funds.

We request that you remit a cashier's check or money order in amount of $354.38 made payable to the Department of State. This amount will cover the unpaid check and the service fee required by law under section 215.34, Florida Statutes.

When sending the cashiers check or money order, please indicate the debit memo number and that it is a replacement for the returned check mentioned above.

Please note: The documents filed in this office with the returned check will be cancelled unless a replacement check is received within 30 days from the date of this letter. Send the replacement check to:

Division of Corporations
Attn: Melinda Lilliston
P.O. Box 6327
Tallahassee, FL 32314

If you have any questions concerning the returned check, please call (904) 487-6900.

Sincerely,
Melinda Lilliston
Administrative Assistant I
Division of Corporations

Letter number: 796A00045859

FLORIDA DEPARTMENT OF STATE
Sundra B. Mortham
Secretary of State

November 15, 1996

Your Health Matters, L.C.
2329 Sunset Point Rd.
Suite 203
Clearwater, FL 34625

SUBJECT: YOUR HEALTH MATTERS, L.C.
Ref. Number: L96000000964

Debit Memo #: 71179-L

Due to your failure to respond to our previous letter advising you of the returned check #Counter Check, the Articles of Organization for YOUR HEALTH MATTERS, L.C. have been cancelled and are considered not filed as of November 15, 1996.

The name of your limited liability company is now available for use.

If you have any questions concerning the returned check, please call (904) 487-6900.

Sincerely
Melinda Lilliston
Administrative Assistant I
Division of Corporations

Letter number: 196A00052248