

Division of Corporations

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L99000005131**Florida Department of State**

Division of Corporations

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Katherine Harris, Secretary of State

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99 AUG 18 AM 8:32**LIMITED LIABILITY COMPANY****Infusion Partners, LLC**

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ARTICLES OF ORGANIZATION
OF
INFUSION PARTNERS, LLC

The undersigned, pursuant to the provisions of Chapter 608 of the Florida Statutes, for the purpose of forming a Limited Liability Company under the laws of the State of Florida does hereby set forth the following:

ARTICLE I - NAME OF CORPORATION

The name of the Limited Liability Company (the "Company") is Infusion Partners, LLC.

ARTICLE II - PERIOD OF DURATION

The term of existence of the Company shall commence with the filing of these Articles of Organization by the Florida Department of State, and its duration shall be perpetual.

ARTICLE III - PRINCIPAL OFFICE AND MAILING ADDRESS

The mailing address and street address of the principal office of the Company is 500 Winderley Place, Suite 224, Maitland, Florida 32751.

ARTICLE IV - REGISTERED AGENT AND REGISTERED OFFICE

The street address of the initial registered office of the Company in the State of Florida is 500 Winderley Place, Suite 224, Maitland, Florida 32751. The name of the Registered Agent of the Company at that address is Rosemary Q. Mills.

ARTICLE V - ADDITIONAL MEMBERS

Additional members may only be admitted with the unanimous consent of, and upon terms unanimously approved by, all existing Members.

Joseph H. Wiser
Dean, Mead, Egerton, Bloodworth,
Capouano & Bozarth, P.A.
P.O. Box 2346
Orlando, Florida 32802
(407) 428-5122
Florida Bar No. 0865796

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ARTICLE VI - CONTINUITY OF BUSINESS

Prior to October 1, 1999, 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 Company shall not cause the Company to dissolve if at least one remaining Member elects to continue the Company.

ARTICLE VII - MANAGEMENT

The management of the Company shall be reserved to the Members. The name and address of the Managing Member is:

ProHealth Medical, Inc.
500 Winderley Place, Suite 224
Maitland, Florida 32751
Attention: Rosemary Q. Mills, President

IN WITNESS WHEREOF, the undersigned Member has made and subscribed these Articles of Organization this 17th day of August, 1999.

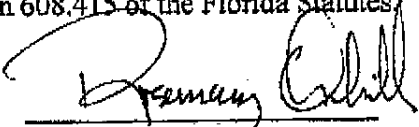
PROHEALTH, MEDICAL, INC., Member

By: 

Rosemary Q. Mills, President

ACCEPTANCE BY REGISTERED AGENT

Having been named as the registered agent for the above-mentioned Company at the place designated in the foregoing Articles of Organization, I hereby accept such designation and agree to act in such capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties as registered agent. I am familiar with, and accept the duties and obligations of, Section 608.415 of the Florida Statutes.


Rosemary Q. Mills

Date: August 17, 1999

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STATE OF FLORIDA
COUNTY OF ORANGE

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

BEFORE ME, the undersigned, personally appeared Rosemary Q. Mills, President of ProHealth Medical, Inc., a Member of Infusion Partners, LLC, a Florida limited liability company (hereinafter referred to as the "Company"), of Orange County, Florida, who upon being duly sworn, certified as follows:

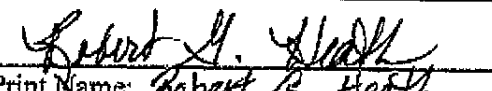
1. The Company has at least one Member.
2. The total amount of cash anticipated to be contributed by the Members of the Company is \$510,000.00.
3. The Members have not contributed any property other than cash to the Company.
4. The total amount of cash and property contributed and anticipated to be contributed by the Members of the Company is \$510,000.00.

FURTHER AFFIANT SAITH NOT.


Rosemary Q. Mills

Sworn to and subscribed before me this 17th day of August, 1999, by Rosemary Q. Mills, President of ProHealth Medical, Inc., a Member of Infusion Partners, LLC, a Florida limited liability company. Said person (check one) ☐ 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: _____

FLA DRIVER'S
LICENSE : M420-035-68-761-D
EXP: 7-21-2000


Print Name: Robert G. Heath
Notary Public, State of Florida
Commission No.: CC 742712
My Commission Expires: 6/14/2002

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Notary Public State of Florida
ROBERT G. HEATH
Commission #CC742712
Expires 6/14/2002

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