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From:

Account Name : CORPORATE & CRIMINAL RESEARCH SERVICES
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LIMITED LIABILITY COMPANY

PRACTICE SYNERGISTICS, LLC

Certificate of Status	0
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FLORIDA DEPARTMENT OF CORPORATIONS

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**ARTICLES OF ORGANIZATION
OF
PRACTICE SYNERGISTICS, LLC**

The undersigned, being authorized to execute and file these Articles of Organization of Practice Synergistics, LLC (the "Limited Liability Company"), hereby certifies that:

ARTICLE I — Name:

The name of the Limited Liability Company is:

Practice Synergistics, LLC

ARTICLE II — Address:

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

12515 North Kendall Drive
Suite 412
Miami, Florida 33186

ARTICLE III — Duration:

The period of duration for the Limited Liability Company shall be perpetual.

ARTICLE IV — Registered Agent:

The name and address of the registered agent for service of process in the state shall be:

Michael Bileca
12515 North Kendall Drive
Suite 412
Miami, Florida 33186

ARTICLE V — Management:

The Limited Liability Company will be a member-managed company.

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ARTICLE VI – Indemnification

The Limited Liability Company shall indemnify and hold harmless its members against any and all claims and demands whatsoever.



Michael Bileca
Authorized Signatory

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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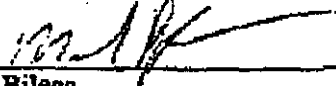
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**STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT
PRACTICE SYNERGISTICS, LLC**

Having been named as registered agent and to accept service of process for the above-stated limited liability company at the place designated by 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 the obligations of my position as a registered agent as provided for in Chapter 608, F.S.



Michael Bileca

Dated: March 29, 2004

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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