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* BOARD CERTIFIED IN TAXATION AND
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April 25, 2000

Attn: Corporations Division
Secretary of State
Bureau of Corporate Records
Post Office Box 6327
Tallahassee, Florida 32314

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****155.00 ****155.00

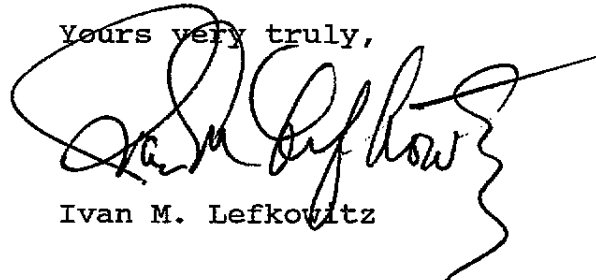
Re: HEALTHDATA.CC, L.L.C.
Effective Date: Upon Filing

Dear Sir or Madam:

Enclosed are the original and a duplicate copy of the Articles of Organization of the above proposed Limited Liability Company. The duplicate copy has been subscribed and acknowledged by the subscriber in the same manner as the original. Please endorse your approval of the Articles of Organization on the duplicate copy and return a certified copy to this office.

A check is also enclosed in the total amount of \$155.00 cover the \$100.00 filing fee, the \$30.00 fee for the certified copy, and the \$25.00 fee for designation of registered agent.

Yours very truly,



Ivan M. Lefkowitz

Name Availability	
Document Examiner	DCC
Updater	DCC
IML:mfi	
Enclosures	
Updater	
Verify	
CC: Mr. Dennis N. McClellan	
Acknowledgement	DCC
W. P. Verifier	DCC

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06/28/2000 PM 2:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2 pages

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

HEALTHDATA.CC, L.L.C.

ARTICLE II - Address:

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

2445 River Tree Circle
Sanford, Florida 32771

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name of the Florida street address of the registered agent are:

DENNIS N. McCLELLAN

Name

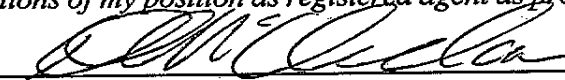
2445 River Tree Circle

Florida street address (P.O. Box NOT acceptable)

Sanford, Florida 32771

City, State, and Zip

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 as provided for in Chapter 608, F.S.



Registered Agent's Signature

ARTICLE IV - Management (Check box if applicable)

☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

ARTICLE V - Effective Date

The Limited Liability Company shall have an effective date of:

DATE OF FILING



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

DENNIS N. McCLELLAN

Typed or printed name of signee

FILED
00 APR 28
TALLAHASSEE
FLORIDA
SECRETARY OF STATE