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Account Number : 110432003053 Phona : (305)672-0686

Fax Number : (305)672-9110

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Physicians Collection Service, LLC

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ARTICLES OF ORGANIZATION FOR PHYSICIANS COLLECTION SERVICE, LLC

ARTICLE I

The name of the Limited Liability Company is PHYSICIANE COLLECTION SERVICE, LLC.

ARTICLE II Address

The mailing address and street address of the principal office of the Limited Liability Company is: c/o Therrel Baisden, P.A., SunTrust International Center, One S.E. 3rd Avenue, Suite 2950, Miami, Florida 33131.

ARTICLE III <u>Duration</u>

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

ARTICLE IV Registered Agent

The street address of the initial registered office of the Limited Liability Company shall be Therrel Baisden, P.A., SunTrust International Center, One S.E. 3rd Avenue, Suite 2950, Miami, Florida 33131 and the name of the initial registered agent of the Limited Liability Company at that address is Jonathan Feuerman, Esq.

ARTICLE V Manager-Managed Company

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

The undersigned authorized representative of the members of PHYSICIANS COLLECTION SERVICE, LLC, hereby executes these articles of organization on this $\underline{\mathcal{W}}$ day of $\underline{\hspace{0.5cm}}$, 2006.

JONATHAN FEUERMAN,

representative

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

FURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATED A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

- 1. The name of the Limited Liability Company is PHYSICIANS COLLECTION SERVICE, LLC.
- 2. The name and the Florida street address of the registered agent and office are: ≧⊆ €

Jonathan Feuerman, Esquire Therrel Baisden, P.A. SunTrust International Center One S.E. 3rd Avenue, Suite 2950 Miami, Florida 33131

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.

JONATHAN FEUERMAN

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