

L00000007903

Brian Williams
12766 North 57th Street
Tampa, FL 33617
(727) 515-2000

June 20, 2000

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-06/22/00--01082--001
***155.00 ***155.00

Dear Sir or Madam:

Please find enclosed the Articles of Organization for Universal Med. Reimbursement L.L.C. Additional enclosures include the appropriate filing fees for Articles of Organization, Designation of Registered Agent and a Certified Copy.

If further information is required, please feel free to contact me at 727-515-2000.

Thank you,

Brian Williams
Brian Williams

L00-7903

Name	<i>RT-6</i>
Availability	<i>RT-6</i>
Document	<i>RT-6</i>
Examiner	<i>RT-6</i>
Under Ser	<i>RT-6</i>
Under Ser	<i>RT-6</i>
Under Ser	<i>RT-6</i>
Acknowledgment	<i>RT-6</i>
W. P. Verityer	<i>RT-6</i>

FILED
00 JUL -5 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

June 27, 2000

BRIAN WILLIAMS
12766 NORTH 57TH STREET
TAMPA, FL 33617

SUBJECT: UNIVERSAL MED REIMBURSEMENT LIMITED LIABILITY
COMPANY
Ref. Number: W00000016369

We have received your document for UNIVERSAL MED REIMBURSEMENT LIMITED LIABILITY COMPANY and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain both the street address of the principal office and the mailing address of the entity.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6020.

Tammi Cline
Document Specialist

Letter Number: 400A00036224

FILED
00 JUL -5 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

June 29, 2000

Brian Williams
12766 North 57th Street
Tampa, FL 33617
(727) 515-2000

Dear Sir or Madam:

Ref: Document Number W00000016369

Please find enclosed additional documentation for the Articles of Organization of Universal Med Reimbursement L.L.C. This document includes the signature of the registered agent, along with the mailing and street address for the principle office of the L.L.C.

If further information is required, please feel free to contact me at (727) 515-2000.

Thank you,


Brian Williams

FILED
00 JUL -5 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: Universal Med Reimbursement L.L.C.

ARTICLE II - Address:

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

12766 North 57th Street
Tampa, Florida 33617

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

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

Brian Williams
Name
12766 North 57th Street
Florida street address (P.O. Box **NOT** acceptable)
Tampa FL 33617
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..

Brian Williams
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.

(An additional article must be added if an effective date is requested)

Brian Williams
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.)

Brian Williams
Typed or printed name of signee

FILING FEES:

\$ 100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (OPTIONAL)
\$ 5.00 Certificate of Status (OPTIONAL)

FILED
00 JUL -5 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA