

**Electronic Articles of Organization
For
Florida Limited Liability Company**

**L01000013413
FILED
August 13, 2001
Sec. Of State**

Article I

The name of the Limited Liability Company is:

MEDICAL REIMBURSEMENT SERVICES, LLC

Article II

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

3837 NORTHDALÉ BOULEVARD
SUITE 178
TAMPA, FL. US 336241841

The mailing address of the Limited Liability Company is:

3837 NORTHDALÉ BOULEVARD
SUITE 178
TAMPA, FL. US 336241841

Article III

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

JEREMY L GOSLING
14901 ARBOR SPRINGS CIR
APT. 313
TAMPA, FL. US 33624

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.

Registered Agent Signature: JEREMY L. GOSLING

Signature of member or an authorized representative of a member

Signature: JEREMY L. GOSLING