

L0100000/4010

Florida Department of State  
Division of Corporations  
Public Access System  
Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H01000091758 2)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850) 205-0383

From: Account Name : AKERMAN SENTERFITT & BIDSON  
Account Number : 076656002425  
Phone : (407) 843-7860  
Fax Number : (407) 843-6610

FILED  
01 AUG 21 AM 10:34  
TALLAHASSEE, FLORIDA

AL

LIMITED LIABILITY COMPANY  
PASS ADMINISTRATION, LLC.

RECEIVED  
01 AUG 21 AM 10:13  
TALLAHASSEE, FLORIDA

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

((H01000091758 2)))

**ARTICLES OF ORGANIZATION FOR FLORIDA  
LIMITED LIABILITY COMPANY**

**ARTICLE I - Name**

The name of the Limited Liability Company is: **PASS ADMINISTRATION, LLC.**

**ARTICLE II - Address**

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

250 County Road 427, Suite 112  
Longwood, Florida 32750

**ARTICLE III - Existence and Duration**

The Limited Liability Company shall commence its existence on the date that these Articles of Organization are filed and its duration shall be perpetual.

**ARTICLE IV - Management**

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

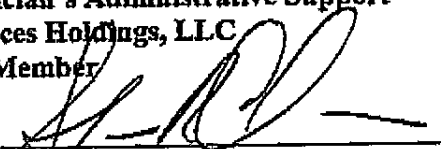
**ARTICLE V - Registered Agent**

The name and street address of the initial registered agent of the Limited Liability Company is:

Sharon R. Avidon  
500 Fawn Hill Place  
Sanford, FL 32771

Physician's Administrative Support  
Services Holdings, LLC  
sole Member

8/13/01  
(Date)

By:   
Name: Sharon R. Avidon  
Title: a Member

((H0100009175822)))

FILED  
01 AUG 21 AM 10:34  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

((H010000917582)))

(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.)

**REGISTERED AGENT ACCEPTANCE**

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..

By: 

Sharon R. Avidon

8/13/01  
(Date)

FILED  
01 AUG 21 AM 10:34  
TALLAHASSEE, FLORIDA

((H01000091758 2)))