

**L01000016947**

Florida Department of State  
Division of Corporations  
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To:

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From:

Account Name : EDWARDS & ANGELL  
Account Number : 075410001517  
Phone : (561) 833-7700  
Fax Number : (561) 655-8719

**ALI**

**LIMITED LIABILITY COMPANY**

**Health Systems Reimbursement Network, LLC**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION

OF

HEALTH SYSTEMS REIMBURSEMENT NETWORK, LLC

The undersigned subscriber to these Articles of Organization, a natural person competent to contract, hereby forms a limited liability company under the laws of the State of Florida.

ARTICLE I. NAME

The name of the limited liability company is Health Systems Reimbursement Network, LLC.

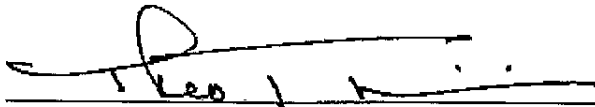
ARTICLE II. ADDRESS

The mailing address and street address of the principal office of the limited liability company is 5400 South University Drive, Suite 108, Davie, Florida 33328.

The street address of the initial registered office of the limited liability company is in care of Edwards & Angell, LLP, One North Clematis Street, Suite 400, West Palm Beach, Florida 33401, and the name of the initial registered agent of the limited liability company at that address is Angell Corporate Services, Inc.

ARTICLE III. TERM OF EXISTENCE

This limited liability company is to exist perpetually.



Thco Tarantini, Member

*Signature of a member or 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.)

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CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/ REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is Health Systems Reimbursement Network, LLC.
2. The name and address of the registered agent and office is:

Angell Corporate Services, Inc.  
c/o Edwards & Angell, LLP  
One North Clematis Street, Suite 400  
West Palm Beach, FL 33401

*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, the undersigned hereby accepts the appointment as registered agent and agree to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties, and is familiar with and accepts the obligations of its position as registered agent.*

ANGELL CORPORATE SERVICES, INC.

  
Jonathan E. Cole, President

October 2nd, 2001

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