

Anesthesia
Billing
Solutions, LLC

LO10000 19386

November 6, 2001

Registration Section
Division of Corporations
409 E Gaines St
Tallahassee, FL 32399

RE: Articles of Organization

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-11/07/01--01047--001
****155.00 ****155.00

Dear Sirs:

Attached please find the Articles of Organization for my new limited liability company, Anesthesia Billing Solutions, LLC. I am including one copy as well as the original Articles.

Also attached is my check in the amount of \$155.00, in payment of filing fees as follows:

\$ 100.00	filing fee for articles of organization
\$ 25.00	designation of registered agent
\$ 30.00	certified copy

Please send the letter of acknowledgment and the certified copy to me at the address below. If you have questions or need additional information, you may reach me during business hours at 863-465-6586 or 863-763-7015, ext 108.

Thank you for your prompt assistance in this matter.

Sincerely,

Joyce E. Maloney

Joyce E. Maloney
President & Owner

FILED
NOV -7 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LO1-19386

1408 Washington Blvd NW
Lake Placid, Florida 33852

Phone: 863-465-6586
Fax: 863-465-6211

Encl. letter of acknowledgment?

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

ARTICLE I - Name:

The name of the Limited Liability Company is: **Anesthesia Billing Solutions, LLC**

ARTICLE II - Address:

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

**1408 Washington Blvd NW
Lake Placid, FL 33852**

ARTICLE III - Purpose:

The purpose of the Limited Liability Company is to provide billing and collection services to medical providers.

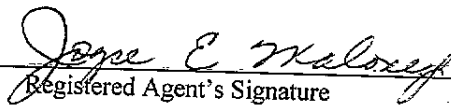
ARTICLE IV - Registered Agent, Registered Office, & Registered Agent's Signature

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

**Joyce E. Maloney
1408 Washington Blvd NW
Lake Placid, FL 33852**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.



Registered Agent's Signature

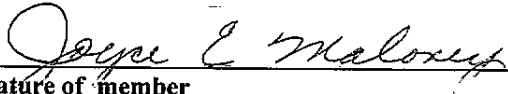
Article V - Management:

The Limited Liability Company is a member - managed company. The owner and president assumes the right and responsibility for all management decisions for the Limited Liability Company.

Article VI - Owner and Officer:

The sole owner and officer (President) of the Limited Liability Company is:

**Joyce E. Maloney
1408 Washington Blvd NW
Lake Placid, FL 33852**



Signature of 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.)

JOYCE E. MALONEY

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

FILED
01 NOV -7 PM 5: 20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA