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

From:  
Account Name : BUSINESS FILINGS  
Account Number : 105256001620  
Phone : (608) 827-5300  
Fax Number : (608) 827-5501

**LIMITED LIABILITY COMPANY**

**Bilogic Medical Consulting LLC**

Certificate of Status	0
Certified Copy	1
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FAX AUDIT # H020000299352

**ARTICLES OF ORGANIZATION  
OF  
Bilogic Medical Consulting LLC**

**ARTICLE I NAME**

The name of the limited liability company shall be: **Bilogic Medical Consulting LLC**

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of this Limited Liability Company shall be: 5216 SW 91st. Terrace, Suite B, Gainesville, Florida 32608.

**ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS**

The name and address of the initial registered agent is: Business Filings Incorporated, 1000 West Avenue, Suite 1114, Miami Beach, Florida 33139. Located in the County of Miami-Dade.


**ARTICLE IV DURATION**

The duration for the limited liability company shall be: 12/31/2042.

**ARTICLE V MANAGERS**

The management of the limited liability company is reserved for the Members and the names and addresses of the members of the Limited Liability Company are:

James Abraham, 5216 SW 91st Terrace, Suite B, Gainesville, Florida 32608  
Thomas Abraham, 50th and Cuming St, Omaha, Nebraska 68103

  
Richard Oster, Vice President  
Business Filings Incorporated  
Authorized Representative

Prepared by Richard Oster, Business Filings Incorporated, 8025 Excelsior Dr. Suite 200,  
Madison, WI 53717  
(608) 827-5300

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FAX AUDIT # 4020000299352CERTIFICATE OF DESIGNATION OF REGISTERED  
AGENT/REGISTERED OFFICE

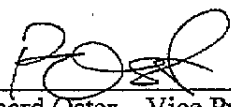
PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES,  
THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE  
STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN  
DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE  
STATE OF FLORIDA.

The name of the limited liability company is: **Bilogic Medical Consulting LLC**

The name and address of the registered agent and office is Business Filings Incorporated,  
1000 West Avenue, Suite 1114 , Miami Beach, Florida 33139. Located in the County of  
Miami-Dade.

Having been named as registered agent and to accept service of process for the above  
stated corporation 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.

Signature: \_\_\_\_\_

  
Richard Oster - Vice President  
Business Filings Incorporated

Date: February 4, 2002

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