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SECRETARY OF STATE

2 DEC 30 AN IO-O

Robyn Johnson 2930 Landmark Way Palm Harbor, FL 34684

December 27, 2002

FL Dept. of State New Filings Section Tallahassee FL

Re: Physicians Revenue Solutions, LLC

Dear Sir,

Enclosed are the limited liability articles and filing fee for the above referenced have requested an effective date of filing of January 2, 2002 and after January 2, 2002 possible.

Kindly, return a stamped copy to me in the enclosed pre-addressed, postage paid envelope.

If you have any questions feel free to contact me at 727-449-9966.

Sincerely,

Robyn Johnson



#### **ARTICLE 1 - Name:**

The name of the Limited Liability Company is:

## Physician Revenue Solutions, LLC

#### **ARTICLE II - Address:**

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

2930 Landmark Way,

Palm Harbor, FL

34684

#### ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be:

30 years.

# ARTICLE IV - Management:

The Limited Liability Company is to be managed by a manager and the name and address of such manager is:

Robyn Johnson

2930 Landmark Way,

Palm Harbor, FL

34684

### ARTICLE V - Admission of Additional Members:

The right, if given, of the remaining members to admit additional members and the terms and conditions of the admissions shall be:

#### **ARTICLE VI - Members Rights to Continue Business:**

The right, if given, of the remaining members of the Limited Liability Company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the Limited Liability Company shall be:

#### **ARTICLE VII - Effective Date Requested**

An effective date of January 2, 2003 is requested for the limited liability company or the

earliest effective date after January 2, 2003.

Robyn Johnson

Signature of a member or authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes as affirmation under the penalties of perjury that the facts stated herein are true.)

FILING FEE: \$125.00 for Articles Of Organization and Registered Agent Fee.

SECRETARY OF STATE

#### CERTIFICATE OF DESIGNATION OF REGISTERD AGENT / REGISTERED OFFICE

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

1. The name of the limited liability company is:

## Physician Revenue Solutions, LLC

2. The name and address of the registered agent and office is:

Greg Mayer

1008 1/2 Drew St.,

Clearwater, FL

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 position as registered agent.

Greg Mayer

(Signature)

FILING FEE: \$125.00 for Articles of Organization and Registered Agent Fee.