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Division of Corporation

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To:

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

From:

Account Name : ZIMMERMAN, SHUFFIELD, KISER & SUTCLIFFE, P.A.
Account Number : I19990000006
Phone : (407) 425-7010
Fax Number : (407) 425-2747

LIMITED LIABILITY COMPANY

Medical Risk Solutions, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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ARTICLES OF ORGANIZATION

MEDICAL RISK SOLUTIONS, LLC
A Florida Limited Liability Company

ARTICLE I
NAME

The name of this limited liability company is Medical Risk Solutions, LLC, referred to in these Articles of Organization as the "Company."

ARTICLE II
MAILING AND STREET ADDRESS

The mailing and street address of the principal office of the Company is as follows:

110 North Brown Avenue
Orlando, Florida 32801

ARTICLE III
COMMENCEMENT OF COMPANY'S EXISTENCE

In accordance with Section 608.409(1), Florida Statutes, the Company's existence shall be deemed to have commenced at 12:01 a.m. on the date on which these Articles of Organization are filed by the Florida Department of State.

ARTICLE IV
REGISTERED AGENT

The address of the initial Registered Office and the Registered Agent at such address are as follows:

William R. Lowman, Jr., Esq.
315 E. Robinson Street, Suite 600
Orlando, FL 32801

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**ARTICLE V
MANAGEMENT**

The Company is to be manager managed.

**ARTICLE VI
APPLICABLE LAW**

The Company is created pursuant to Chapter 608, Florida Statutes, and shall be governed by the laws of the State of Florida.


Tobey E. Williams, Jr., M.D.
Member

**ACCEPTANCE OF DESIGNATION
OF
REGISTERED AGENT**

Pursuant to the provisions of Section 608.415, Florida Statutes, the undersigned submits the following statement of acceptance of his designation as Registered Agent for the Company:

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 of the Florida Statutes.


William R. Lowman, Jr., Esq.

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