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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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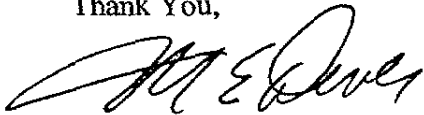
FILED  
03 JAN 28 PM 3:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

January 23, 2003  
Michael E. Dever  
7844 Cowan Court  
Orlando, FL 32835-2601  
407-297-4323

Registration Section  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Enclosed please find the Articles of Incorporation for my limited liability company,  
MEDICAL CONSULTING ENTERPRISES, LLC.

Thank You,

A handwritten signature in black ink, appearing to read "M E Dever", written in a cursive style.

Michael E. Dever

**ARTICLES of ORGANIZATION**  
**Of**  
**MEDICAL CONSULTING ENTERPRISES, LLC**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**KNOW ALL MEN BY THESE PRESENTS:**

That the undersigned, desiring to form a limited liability company for the purpose set forth herein and in conformance with Florida Statutes, do establish:

I. The name of the limited liability company is:  
(INSURANCE MEDICINE CONSULTANTS, LLC)  
**dba-MEDICAL CONSULTING ENTERPRISES, LLC**

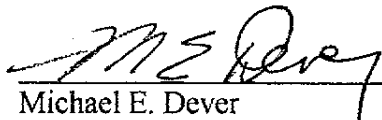
II. This address of the Limited Liability company is:

7844 Cowan Court  
Orlando, FL 32835-2601

III. The Registered Agent is:

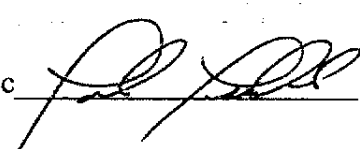
Michael E. Dever  
7844 Cowan Court  
Orlando, FL 32835-2601

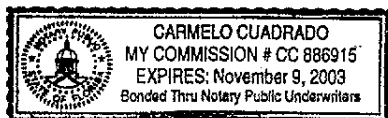
IN WITNESS WHEREOF, the undersigned organizer has executed these Articles of Incorporation on the 23 day of January 2003.

  
Michael E. Dever

STATE OF FLORIDA  
COUNTY OF ORANGE

Michael E. Dever, who has produced FL DL PK-59599 as identification, acknowledged the foregoing instrument before this 23 day of January 2003.

Notary Public 



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

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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:  
(Insurance Medicine Consultants, LLC)  
dba-MEDICAL CONSULTING ENTERPRISES, LLC

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:  
7844 Cowan Court  
Orlando, FL 32835-2601

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Michael E. Dever

Name

7844 Cowan Court

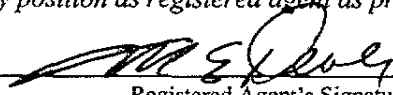
Florida street address (P.O. Box **NOT** acceptable)

Orlando

FL 32835-2601

City, State, and Zip

*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

(An additional article must be added if an effective date is requested)

  
Signature of a member or an 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.)

Michael E. Dever

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 (Optional)  
\$ 5.00 Certificate of Status (Optional)