

# L03000028025

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

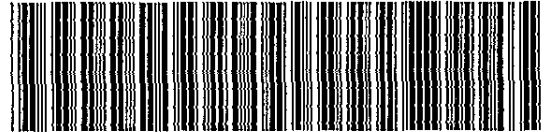
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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07/30/03--01047--027 \*\*30.00

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BK

RECORDED  
03 JUL 30 PM 2:22

FILED  
03 JUL 30 PM 3:32  
TALLAHASSEE, FLORIDA

CT CORPORATION

July 30, 2003

Secretary of State, Florida  
409 East Gaines Street  
Tallahassee FL 32399

FILED  
03 JUL 30 PM 3:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Re: Order #: 5903740 SO  
Customer Reference 1:  
Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:

Precise Medical Billing LLC (FL)  
Formation  
Florida

Precise Medical Billing LLC (FL)  
Obtain Document - Misc - cc of above document being filed  
Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

660 East Jefferson Street  
Tallahassee, FL 32301  
Tel. 850 222 1092  
Fax 850 222 7615

**CT CORPORATION**

Sincerely,

Ashley A Mitchell  
Fulfillment Specialist  
Ashley\_Mitchell@cch-lis.com

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03 JUL 30 PM 3:32  
SHEFFERD & BOUTWELL  
TALLAHASSEE, FLORIDA

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:  
PRECISE MEDICAL BILLING LLC

FILED  
JUL 30 AM 9:32  
TALLAHASSEE, FLORIDA

**ARTICLE II - Address:**

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

**Principal Office Address:**

4799 Sanctuary Road  
Boca Raton, FL 33431

**Mailing Address:**

c/o Cowan, Liebowitz & Latman, P.C.  
1133 Avenue of the Americas  
New York, NY 10036

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

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

CT Corporation System  
Name  
1200 South Pine Island Road  
Florida street address (P.O. Box **NOT** acceptable)  
Pine Island FL 33324  
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..*

Cornis Buyer Special Assistant Secretary 7/30/63  
Registered Agent's Signature

(CONTINUED)

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

03 JUL 30 PM 3:52  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Jeffrey I. Simons

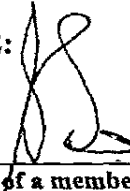
4799 Sanctuary Road

Boca Raton, FL 33431

(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**



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.)

Simon Gerson

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)