

Division of Corporations

Page 1 of 1

**L0410000087105**

Florida Department of State  
Division of Corporations  
Public Access System

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## Electronic Filing Cover Sheet

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*ATT: Trevor Brumbley*

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## To:

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

## From:

*18306*  
Account Name : BILZIN, SUMBERG BAENA PRICE & AXELROD LLP.  
Account Number : 075350000132  
Phone : (305) 374-7580  
Fax Number : (305) 350-2446

DIVISION OF CORPORATION

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**LIMITED LIABILITY COMPANY**

Phoenix Healthcare Billing, LLC

Certificate of Status	1
Certified Copy	1
Page Count	01
Estimated Charge	\$160.00

Electronic Filing Menu

Corporate Filing

Public Access Help

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DATE

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**ARTICLES OF ORGANIZATION  
OF  
PHOENIX HEALTHCARE BILLING, LLC,  
a Florida limited liability company**

1. The name of the limited liability company is Phoenix Healthcare Billing, LLC.
2. The mailing address and the street address of the principal office of the limited liability company is:

300 S. Park Road  
Hollywood, Florida 33021

3. The name and street address of the initial registered agent of the limited liability company are:

C T Corporation System  
1200 South Pine Island Road  
Plantation, Florida 33324

Dated: as of January 23, 2004.

By: Jay Sakalo  
Jay Sakalo, as Authorized  
Representative

APPROVED  
AND  
FILED  
04 FEB - 2 PM 2:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

Phoenix Healthcare Billing, LLC

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

CT Corporation System

(Name)

c/o CT Corporation System, 1200 South Pine Island Road

Florida street address (P.O. Box NOT ACCEPTABLE)

Plantation

FL 33324

City/State/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.*

CT Corporation System

**PETER F. SOUZA**  
MANAGING SECRETARY

(Signature)

\$ 100.00 Filing Fee for Application  
\$ 25.00 Designation of Registered Agent  
\$ 30.00 Certified Copy (optional)  
\$ 5.00 Certificate of Status (optional)

APPROVED  
AMB  
PFE  
06 FEB - 2 01 2004  
CLERK  
ALABAMA