

Oct. 20. 2004 10:45AM

No. 3364 P. 1
Page 1 of 1

04000076244

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

10/20 FLC

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H04000209411 3)))

MJH

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

Account Name : KOCH & COMPANY, CPAS, P.A.
Account Number : 1199900000002
Phone : (941) 637-0544
Fax Number : (941) 637-9693

RECEIVED

04 OCT 20 PM 12:55

DIVISION OF CORPORATION

CLERK OF STATE
TALLAHASSEE FLORIDA

04 OCT 20 PM 3:16

FILED

LIMITED LIABILITY COMPANY

TAMIAMI MEDICAL BILLING SERVICES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing

Public Access Help

Oct. 20. 2004 11:45AM

KULD PARTNERSHIP

NNNo. 3364 p p. 2

((H04000209411 3)))

**ARTICLES OF ORGANIZATION
OF
TAMIAMI MEDICAL BILLING SERVICES, LLC**

ARTICLE 1 - NAME

The name of the Limited Liability Company is **TAMIAMI MEDICAL BILLING SERVICES, LLC**, (hereinafter, "Limited Liability Company").

ARTICLE 2 - ADDRESS

The street address of the principal office of this Limited Liability Company shall be:
2625 Tamiami Trail, Port Charlotte, FL 33952

The mailing address of the principal office of this Limited Liability Company shall be:
P.O. Box 494661, Port Charlotte, FL 33949-4661

ARTICLE 3 - REGISTERED OFFICE AND REGISTERED AGENT

The name and street address of the registered agent of this Limited Liability Company is:

Lance K. Poulsen, 2625 Tamiami Trail, Port Charlotte, FL 33952

The mailing address of the registered agent of this Limited Liability Company is:
P.O. Box 494661, Port Charlotte, FL 33949-4661

**ACCEPTANCE OF REGISTERED AGENT DESIGNATED
IN ARTICLES OF ORGANIZATION**

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.

By Lance K. Poulsen
Lance K. Poulsen, Registered Agent

By Lance K. Poulsen
Lance K. Poulsen, Organizing Member

((H04000209411 3)))

FILED
04 OCT 20 PM 3:16
STATE
OF FLORIDA