

L05000023234

Division of Corporations

Page 1 of 1

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

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.

(((H05000057428 3)))

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

From:

Account Name : FOLEY & LARDNER
Account Number : 072720000061
Phone : (904) 359-2000
Fax Number : (904) 359-8700

RECEIVED
05 MAR -8 AM 9:21
DIVISION OF CORPORATIONS

LIMITED LIABILITY COMPANY
PHYSICIAN ASSET RECOVERY, LLC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2005 MAR -8 A 10:05

FILED

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

Name	
Availability	8:30 3/8/05
Document Examiner	
Updater	DCC
Updater Verifier	DCC
Administrative Management	DCC

<https://efile.floridabiz.org/scripts/efilcovr.exe>

03/08/2005

MAR. 8. 2005 8:51AM

NO. 153 P. 2
Fax Audit No.
H05000057428 3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: Physician Asset Recovery, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company are: 4932 Sunbeam Road, Suite 100, Jacksonville, FL 32257.

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

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

Mark Shorstein, CPA

Name

8265 Bayberry Road

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

Jacksonville, Florida 32256

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 completed 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.

Mark Shorstein, CPA

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

Mark Shorstein, CPA
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.)

Mark Shorstein, CPA, Authorized Representative

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)

2005 MAR - 8 A 10: 05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Fax Audit No.
H05000057428 3