

05/02/2005

13:13

8588755925

CT CORPORATION SYSTEM

PAGE 01/03

Division of Corporations

Page 1 of 1

L050000 43024

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.

((H05000111019 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 : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5926

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 MAY -2 AM 8:43

FILED

RECEIVED
05 MAY -2 AM 10:33
DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

Shared Medical Information, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing

Public Access Help

APR-29-2005 15:58

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Shared Medical Information, LLC

ARTICLE II - Address:

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

Principal Office Address:

6400 Brooktree Court, Suite 360

Wexford, PA 15090

Mailing Address:

6400 Brooktree Court, Suite 360

Wexford, PA 15090

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)

Plantation

FLORIDA 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, Florida Statutes.


Registered Agent's Signature

JAMES M. NEWSOME
Special Assistant Secretary

FILED
05 MAY -2 AM 8:43
TALLAHASSEE STATE
FALL MOUNTAIN, FLORIDA

APR-29-2005 15:58

P.03/04

04/29/2005 13:53 7249333211

SHARED MED THERAPIES

PAGE 02/02

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title:

Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

MGRM

Jeff D. Bergman

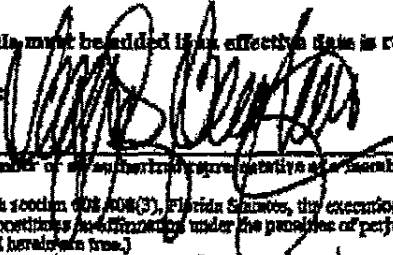
6400 Brooktree Court, Suite 360

Waxford, VA 15090

(Use attachment if necessary)

NOTE: An additional article must be added that effective date is requested.

REQUIRED SIGNATURE:


Signature of a member or an authorized representative of a member.

(In accordance with section 608.006(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

JEFF D. BERGMAN
Typed or printed name of signer

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)

FILED
05 MAY -2 AM 8:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA