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Florida Department of State
Division of Corporations
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```
To:
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     Fax Number      : (850)205-0383

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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

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:	**Mailing Address:**
6400 Brooktree Court, Suite 360	6400 Brooktree Court , Suite 360
Wexford, PA 15090	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:

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TALLAHASSEE, FLORIDA

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.

JAMES M. NEWSOME
Special Assistant Secretary
Registered Agent's Signature

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

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Jeff D. Bergman 5400 Brookfree Court, Suite 360 Wexford, PA 15090

(Use attachment if necessary)

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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 affirmation under the penalties of perjury that the facts stated herein are true.)

JEFF D. BERGMAN
Typed or printed name of signer

Filing Fee:
$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)