

MAY. 27. 2005 2:20 PM  
Division of Corporations

GASSMAN BATE & ASSOC.

NO. 1351

Page 1 of 1

05000053139

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.**

((H05000134331 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) 205-0363

From:  
Account Name : GASSMAN & ASSOCIATES, P.A.  
Account Number : 075350000514  
Phone : (727) 442-1200  
Fax Number : (727) 443-5829

05 MAY 27 AM 8:46  
FILED  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

RECEIVED

05 MAY 27 PM 2:36

DIVISION OF CORPORATION

**LIMITED LIABILITY COMPANY**  
**HIPAA HEALTHCARE CONSULTANTS, L.L.C.**

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

Electronic Filing Menu

Corporate Filing

Public Access Help

MAY. 27. 2005 2:21PM

GASSMAN, BATES&ASSOC.

Audit Fax No: NO. 2351 13P. 2313

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is: **HIPAA HEALTHCARE CONSULTANTS, L.L.C.**

**ARTICLE II - Address:**

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

**13910 Lakeshore Blvd., Suite 140, Hudson, FL 34667**

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

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

**Alan S. Gassman**

Name

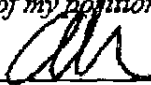
**1245 Court Street, Suite 102**

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

**Clearwater, FL 33756**

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, F.S.*




Registered Agent's Signature

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

**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.)



**ALAN S. GASSMAN**

J:\Pascual & Sorresso\HIPAA Healthcare Consultants, L.L.C\Articles of Organization.1.wpd  
jas 5/27/05

**ARTICLES OF ORGANIZATION OF HIPAA HEALTHCARE CONSULTANTS, L.L.C.**

**PAGE 1**

**Alan S. Gassman, Esquire**  
**1245 Court Street Suite 102**  
**Clearwater, FL 33756**  
**(727) 442-1200**  
**Florida Bar #: 371750**  
**Audit Fax #:**