Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name

: TRENAM, KEMKER, SCHARF, BARKIN, FRYE, O'NEILL & MULLIS, P.A.

Account Number : 076424003301

Phone

: (813)223-7474

Fax Number

: (813)229-6553

| JRPORATE OTE | ORIDA/FOREIGN LIMITED LIABILITY CO. PROVIDER SOLUTIONS, LLC Cartificate of Status | | |
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ARTICLES OF ORGANIZATION

OF

PROVIDER SOLUTIONS, LLC

The undersigned authorized representative hereby executes these Articles of Organization ("Articles") for the purpose of forming a limited liability company in accordance with the laws of the State of Florida.

ARTICLE I

<u>Name</u>

The name of this limited liability company (the "Company") shall be:

Provider Solutions, LLC

ARTICLE II

Principal Office and Mailing Address

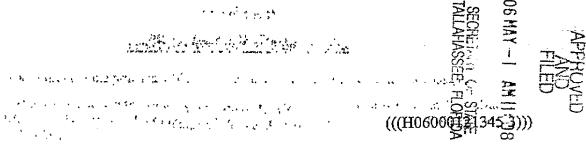
The address of the principal office and the mailing address of the Company shall be:

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ARTICLE III

Registered Office and Registered Agent

The initial registered office of the Company shall be located at 15809 Berea Drive, Odessa, Florida 33556, and the initial registered agent of the Company at such office shall be Timothy M. Kost. The Company shall have the right to change such registered office and such registered agent from time to time, as provided by law.



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ARTICLE IV

Operating Agreement

The power to adopt the Operating Agreement of the Company, to alter, amend or repeal the Operating Agreement of the Company, or to adopt a new Operating Agreement, shall be vested in the members of the Company. The Operating Agreement of the Company shall be for the government of the Company and may contain any provisions or requirements for the management or conduct of the affairs and business of the Company, provided the same are not inconsistent with the provisions of these Articles or contrary to the laws of the State of Florida or of the United States.

ARTICLE V

Amendment of Articles of Organization

The Company reserves the right to amend, alter, change or repeal any provisions contained in these Articles of Organization in the manner now or hereafter prescribed by statute, and all rights conferred upon the members herein are subject to this reservation.

IN WITNESS WHEREOF, the undersigned, pursuant to Section 608.407, Florida Statutes, has executed these Articles for the uses and purposes therein stated.

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MICHELLE SHAFFER KOST,
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FLORIDA (((H06000121345 3)))

PROVIDER SOLUTIONS, LLC

ACCEPTANCE OF SERVICE AS REGISTERED AGENT

The undersigned, TIMOTHY M. KOST, having been named as registered agent to accept service of process for the above-named limited liability company, at the registered office designated in the Articles of Organization, hereby agrees and consents to act in that capacity. The undersigned is familiar with and accepts the duties and obligations of the position of registered agent under the laws of the State of Florida.

DATED this 24 day of April, 2006.

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