

L06000109460

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

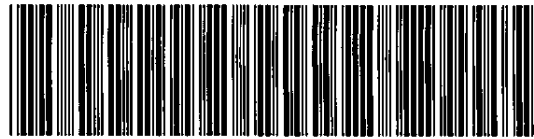
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Sinotate Research

Requester's Name

Address

City/State/Zip

Phone #

656-5454

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**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. Access Health TPA LLC

(Corporation Name)

(Document #)

2. \_\_\_\_\_

(Corporation Name)

(Document #)

3. \_\_\_\_\_

(Corporation Name)

(Document #)

4. \_\_\_\_\_

(Corporation Name)

(Document #)



☐ Pick up time \_\_\_\_\_

☐ Will wait

☐ Photocopy



**NEW FILINGS**

- ☐ Profit  
☐ Not for Profit  
☒ Limited Liability  
☒ Domestication  
☐ Other

**OTHER FILINGS**

- ☐ Annual Report  
☐ Fictitious Name

**AMENDMENTS**

- ☐ Amendment  
☐ Resignation of R.A., Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger

**REGISTRATION/QUALIFICATION**

- ☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other

Examiner's Initials

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TALLAHASSEE, FLORIDA

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

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**ARTICLE I - NAME**

The name of the Limited Liability Company is:

**ACCESS HEALTH TPA, LLC**

**ARTICLE II - ADDRESS**

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

440 Sawgrass Corporate Parkway  
Suite 210  
Sunrise, Florida 33325

**ARTICLE III - DURATION**

The period of duration for the Limited Liability Company shall be perpetual.

**ARTICLE IV - MANAGEMENT**

The Limited Liability Company shall be managed by a single manager named Kathy B. Jackson (who shall be designated "Manager(s)") and is, therefore, a manager-managed company.

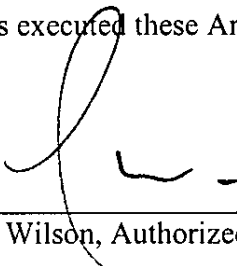
**ARTICLE V - REGISTERED AGENT AND OFFICE**

The name and address of the initial registered agent of the Limited Liability Company is:

Corporation Company of Miami  
201 South Biscayne Boulevard, Suite 1500 (EJW)  
Miami, Florida 33131

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1/17/06 IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization this day of October, 2006.

  
\_\_\_\_\_  
J. Everett Wilson, Authorized Representative

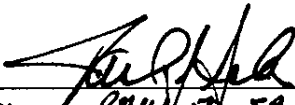
*(In accordance with Section 608.408(3), Florida Statutes,  
the execution of this document constitutes an affirmation under  
the penalties of perjury that the facts stated herein are true.)*

**REGISTERED AGENT ACCEPTANCE**

Having been named to accept service of process for the above-stated limited liability company at the address designated in the articles of organization pursuant to the provisions of Section 608.415, Florida Statutes, the undersigned corporation hereby agrees to act in this capacity, and further agrees to comply with the provisions of all statutes relative to the proper and complete discharge of its duties.

Date: October 11, 2006

CORPORATION COMPANY OF MIAMI

By:   
Name: RAUL J. SALAS  
Its: VICE PRESIDENT