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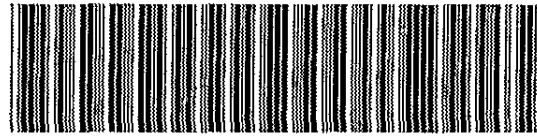
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LAW OFFICES OF
MARC R. GAYLORD, P.A.

11700 S.E. OLD DIXIE HIGHWAY
HOBE SOUND, FL 33455
TEL (772) 545-7740
FAX (772) 545-7782

MARC R. GAYLORD, ESQ.

November 17, 2006

VIA FEDERAL EXPRESS

Secretary of State
Division of Corporations
409 East Gaines St.
Tallahassee, FL 32399

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Re: Articles of Organization for Florida Limited Liability Company – Medical Billing of
the Treasure Coast, LLC

Dear Sir/Madam:

Enclosed please find the original Articles of Organization for the above named
corporation. I have also enclosed a check in the amount of \$125.00 as the filing fees for
same.

Should you have any questions or concerns with regard to any of the foregoing, please do
not hesitate to contact the undersigned.

Sincerely yours,



Marc R. Gaylord

MRG/mg
Encl

**ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY
MEDICAL BILLING OF THE TREASURE COAST, LLC**

The undersigned subscribers of these Articles of Organization for Florida Limited Liability Company, are natural persons competent to contract and do hereby form a Limited Liability Company under the laws of the State of Florida.

ARTICLE I

The name of the Limited Liability Company is:

MEDICAL BILLING OF THE TREASURE COAST, LLC

ARTICLE II

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

7955 SE Trenton Ave, Hobe Sound, FL 33455

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

7955 SE Trenton Ave, Hobe Sound, FL 33455

ARTICLE III

The Limited Liability Company shall have perpetual existence.

ARTICLE IV

The Limited Liability Company is to be managed by a manager or managers and the names and addresses of such managers who are to serve a managers are:

Doreen E. Yannone

7955 SE Trenton Ave
Hobe Sound, FL 33455

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ARTICLE V

Pursuant to the provisions of Section 608.415 or 608.507, Florida Statutes, the names and the Florida street addresses of the Registered Agent in the State of Florida is:

Doreen E. Yannone

7955 SE Trenton Ave.
Hobe Sound, FL 33455

Having been named as registered agent and to accept service of process for the 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, FS..


Doreen E. Yannone

11/17/06
Date

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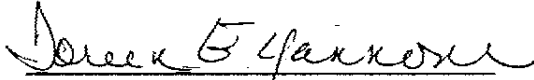
ARTICLE VI

The undersigned members of Medical Billing of the Treasure Coast, LLC certifies

- (1) That the above named Limited Liability Company has at least one (1) member.
- (2) That the total amount of cash contributed by the members is: \$100.00.
- (3) That, if any, the agreed value of property other than cash contributed by the members is \$0.00.
- (4) That the amount of cash or property anticipated to be contributed by the members is: \$100.00

That in accordance with Section 608.408 (3), Florida Statutes, the execution of these

Articles constitutes an affirmation under the penalties of perjury that the facts stated herein are true.


Doreen E. Yannone

**STATE OF FLORIDA
COUNTY OF MARTIN**

I HEREBY CERTIFY that on this day, before me, a Notary Public, duly authorized to take acknowledgments and administer oaths, in the State and County aforesaid, personally appeared Doreen E. Yannone who being first duly sworn acknowledge to me that they are the persons described in and who executed the foregoing Articles of Organization for Florida Limited Liability Company and that she executed the same for the purposes therein expressed.

Witness my hand and seal this 17th day of November, 2006.



Lorraine M. Johnson
Commission # DD295209
Expires March 1, 2008
Served They Pain - Insurance, Inc. 888-888-2010

Lorraine M. Johnson
Notary Public
STATE OF FLORIDA
My Commission Expires:

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