

Division of Corporations

GASSMAN, BATES&ASSOC.

06000121365

Florida Department of State
Division of Corporations
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Account Name : GASSMAN & ASSOCIATES, P.A.
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Phone : (727) 442-1200
Fax Number : (727) 443-5829

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**FLORIDA/FOREIGN LIMITED LIABILITY CO.
PROVIDER CREDENTIALING SERVICES, L.L.C.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

06-121365
12/20/2006
JL

DEC. 21, 2006 9:33AM GASSMAN, BATES&ASSOC.

Audit Fax No: 1060CNO. 4798 12P. 2

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

ARTICLE I - Name:

The name of the Limited Liability Company is: **PROVIDER CREDENTIALING SERVICES, L.L.C.**

ARTICLE II - Address:

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

10706 115th Avenue North, Largo, Florida 33778

ARTICLE III - Written Operating Agreement

Any operating agreement entered into by the Members of the Limited Liability Company, and any amendments or restatements thereof, shall be in writing, and shall govern all matters relating to the governance of the affairs of the Limited Liability Company, the conduct of its business and the relations of its Members, including without limitation, the amendment of these Articles. No oral agreement among any of the Members or Managers of the Limited Liability Company shall be deemed or construed to constitute any portion of, or otherwise affect the interpretation of, any written operating agreement of the Limited Liability Company, as amended and in existence from time to time.

ARTICLE IV - 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:

**ARTICLES OF ORGANIZATION OF PROVIDER
CREDENTIALING SERVICES, L.L.C.**

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**Alan S. Gassman, Esquire
1245 Court Street Suite 102
Clearwater, FL 33756
(727) 442-1200
Florida Bar #: 371750
Audit Fax #: 1060002991303**

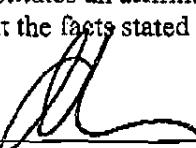
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Audit Fax No: Hol6060 NO. 479813P. 3

(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

JAH\Hollstrom\Provider Credentialing Services, L.L.C\Articles of Organization.1.wpd
Jas 12-20-06

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TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION OF PROVIDER
CREDENTIALING SERVICES, L.L.C.**

PAGE 2

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