

LO7000103334

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

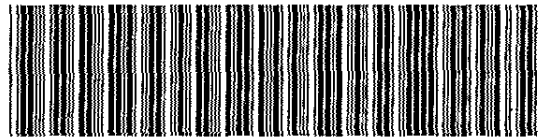
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/10/07--01019--021 **125.00

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OCT 10 2007
07 OCT 10 AM 10:19

Oct 4, 2007
~~May 9, 2008~~

State of Florida
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Subject: COMPLETE PHYSICIANS BILLING, LLC

The enclosed Articles of Organization are submitted for filing.

Please return all correspondence concerning this matter to the following:

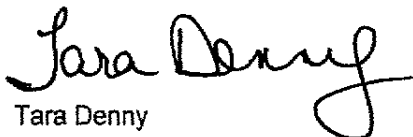
John D. Andrews
20110 74th Avenue East
Bradenton, Florida 34202

For further information concerning this matter, please call:

John D. Andrews (941) 322-9812

Enclosed is a check in the amount of \$125.00 payable to the Florida Department of State in full payment of this LLC registration.

Thank you for your assistance in this matter.


Tara Denny

ARTICLES OF ORGANIZATION
FOR
COMPLETE PHYSICIANS BILLING, LLC
A FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I ~ Name:

The name of the Limited Liability Company is **COMPLETE PHYSICIANS BILLING, LLC.**

ARTICLE II ~ Address:

The mailing address and street address of the principal office of the Limited Liability Company is: **18147 Miramar Avenue, Port Charlotte, Florida 33954**

ARTICLE III ~ Registered Agent, Registered Office & Registered Agent's Signature:

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

**John D. Andrews
20110 74th Avenue East
Bradenton, Florida 34202**

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..



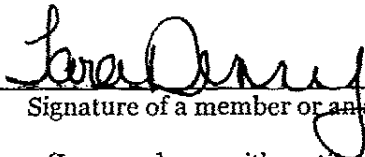
Registered Agent's Signature

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 OCT 19 AM 10:50

ARTICLE IV ~ Managers or Managing Members

<u>Title:</u>	<u>Name and Address:</u>
MGRM	Tara Denny 18147 Miramar Avenue Port Charlotte, Florida 33954
MGRM	Tara Tallon 4933 Alametos Terrace North Port, Florida 34288

REQUIRED SIGNATURE:



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.)

Tara Denny

Typed or printed name of signee

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DIVISION OF CORPORATE AFFAIRS