

Apr 07 2008 2:5

Kirk Friedland

61 655-1389

P

108000035211

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H08000088534 3)))



H080000885343ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : Kirk Friedland
Account Number : I20030000085
Phone : (561) 655-8200
Fax Number : (561) 655-1389

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 APR -7 AM 10:09

FILED

FLORIDA/FOREIGN LIMITED LIABILITY CO.

National Patient Representatives, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

RECEIVED

08 APR -7 PM 3:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

M Thomas APR -8 2008

H08000088534 3

**ARTICLES OF ORGANIZATION
OF
NATIONAL PATIENT REPRESENTATIVES, LLC**

ARTICLE I - NAME

The name of the limited liability company is **NATIONAL PATIENT REPRESENTATIVES, LLC.**

ARTICLE II - PURPOSE

The business to be carried on is providing consulting services, healthcare advocacy on behalf of clients, related services and any and all other business and activities permitted by Florida Statutes. The limited liability company shall have all of the powers vested in a limited liability company organized and existing by virtue of such laws.

FILED
08 APR - 7 AM 10:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III - DURATION

The limited liability company shall exist from the date of the filing of the Articles of Organization with the Department of State until the company is dissolved in accordance with its Operating Agreement.

ARTICLE IV - PRINCIPAL OFFICE

The mailing address and street address of the principal office of the limited liability company is:

**1000 Stinson Way, Ste. 104
West Palm Beach, FL 33411**

ARTICLE V - REGISTERED AGENT

The name and address of the initial registered agent of the limited liability company is:

**Carina Wood
1000 Stinson Way, Ste. 104
West Palm Beach, FL 33411**

H08000088534 3

Apr 07 2008 2:59

Kirk Friedland

561 655-1389

P.3

H08000088534 3

ARTICLE VI - MANAGEMENT AND INITIAL MEMBER

The limited liability company shall be managed by one or more managers that shall be appointed by the members of the company as provided in its Operating Agreement. The following is the name and address of the initial manager and initial member of the limited liability company:

Carina Wood
1000 Stinson Way, Ste. 104
West Palm Beach, FL 33411

IN WITNESS WHEREOF, the undersigned members have executed these Articles of
Organization this 7th day of March, 2008.

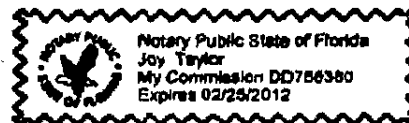

Carina Wood

FILED
08 APR - 7 AM 10:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF FLORIDA)
COUNTY OF PALM BEACH)

The foregoing instrument was acknowledged before me this 7th day of March, 2008, by Carina Wood who is known personally to me or who has produced her driver's license as identification.


Notary Public
My Commission expires:



H08000088534 3

Apr 07 2008 2:59

Kirk Friedland

561 655-1389

P. 4

H08000088534 3

**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR
DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE,
AND NAMING AGENT UPON WHOM PROCESS MAY BE SERVED**

In accordance with Chapter 608.415, Florida Statutes, **NATIONAL PATIENT REPRESENTATIVES, LLC** desiring to organize under the laws of the State of Florida with its principal office as indicated in the City of West Palm Beach, State of Florida, has named as its agent to accept service process within this state:

**Carlna Wood
1000 Stinson Way, Ste. 104
West Palm Beach, FL 33411**

ACKNOWLEDGMENT:

Having been named as the registered agent for the above 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, Florida Statutes.

Dated: March 7, 2008


Carlna Wood

FILED
08 APR - 7 AM 10: 00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H08000088534 3