

208000054557

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

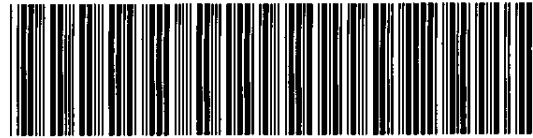
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000130487980

06/03/08--01020--008 \*\*125.00

RECEIVED

08 JUN -3 PM 12:00

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED

08 JUN -3 PM 3:05

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

B. KOHR

JUN - 3 2008

EXAMINER

# ATTORNEYS' TITLE

Requestor's Name

1965 Capital Circle NE, Suite A

Address

Tallahassee, Fl 32308 850-2221

City/St/Zip

Phone #

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

MEDICAL ELECTRONIC DATA SYSTEMS, LLC

2-

3-

4-

TALLAHASSEE, FLORIDA  
08 JUN - 3 PM 3:05  
FILED

Walk-in

Pick-up time ASAP

Certified

Mail-out

Will wait

Photocopy

Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

OF

MEDICAL ELECTRONIC DATA SYSTEMS, LLC

FILED  
JUN - 3 PH 3: 05  
TALLAHASSEE, FLORIDA

ARTICLE I - NAME

The name of the corporation is Medical Electronic Data Systems, LLC

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is: 25328 Crestwater Dr., Leesburg, FL 34748.

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE

& REGISTERED AGENT'S SIGNATURE

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

Brett L. Swigert  
1231 County Road 452  
Eustis, FL 32726

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.

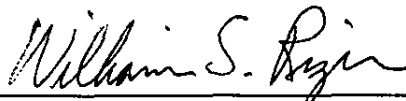


Registered Agent's Signature

ARTICLE IV - COMPANY TYPE

The company is to be a member managed company.

IN WITNESS WHEREOF, the undersigned has made and subscribed these Articles of Organization on the 20<sup>th</sup> day of May, 2008.



William S. Rizer, 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.)