L08000056954

| (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: | | | | |
| A. LUNT JUN 1 0 2008 | | | | |

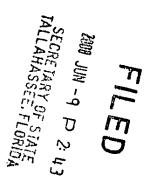
Office Use Only

EXAMINER



000130977460

06/09/08--01019--011 **125.00



THOMSON, RHODES & COWIE, P.C.

John David Rhodes Richard E. Rush James. R. Harthne^o Linton L. Moyer John K. Heisey David R. Johnson Jerry R. Hogenmiller* David M. McQuiston William James Rogers Glenn H. Gillette Templeton Smith, Jr. Harry W. Rosensteel

Thomas B. Anderson

Suzaune M. Oppman

Attorneys At Law

TWO CHATHAM CENTER, TENTH FLOOR PHTSBURGH, PENNSYLVANIA 15219-3499

Facsimile (412) 232-3498

www.trc-law.com

Writer's Direct Dial - (412) 316-8664 Writer's e-mail: ghg@trc-law.com Norman J. Cowie (1929-1998) Thomas D. Thomson (1925-1999)

Dana Weber Horton† Margaret M. Hock Brad R. Korinski John R. Whipkey° Christian W. Wrabley° Jeffrey R. Bailey

- ° Also Admitted in West Virginia
- * Also Admitted in Illinois
- † Also Admitted in New Jersey and Washington

June 2, 2008

Block Medical Consulting, LLC Our File No. 15469

Florida Department of State Registration Section Division of Corporations PO Box 6327 Tallahassee, FL 32314

> Re: Articles of Organization for Florida LLC Block Medical Consulting, LLC

Dear Sir:

I am enclosing a Cover Letter and the original Articles of Organization for Florida Limited Liability Company for Block Medical Consulting, LLC. The effective date of this filing is to be July 15, 2008. I am enclosing a check made payable to the Florida Department of State in the amount of \$125.00 which represents the fee for this filing.

If you have any questions, please feel free to contact me at 412-316-8664.

Very truly yours,

Glenn H. Gillette

ghg

Enclosures

cc: Dale J. Block

SECRETARY OF STATE

T C C C

COVER LETTER

| TO: | Registration of | on Section Corporations | | | |
|-----------|-----------------|---------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|------|
| SUBJE | CCT: Blo | ock Medical Consulting, LL | c | | |
| | | (Name of Limi | ted Liability Company) | | |
| The end | closed Article | s of Organization and fee(s) are | submitted for filing. | | |
| Please | return all corr | espondence concerning this mat | tter to the following: | | |
| | Glenn | H. Gillette | | | _ |
| | | | (Name of Person) | | |
| _ | Thoms | on, Rhodes & Cowie, | P.C. | | |
| | | | (Firm/Company) | 3000 SEC! | _ |
| | Two C | hatham Center, 10th | Floor | CRE JE | one: |
| - | | | (Address) | TAR ASS | - |
| | Pitts | burgh, PA 15219 | | 4.0F 4.0F 10.0F | r |
| · | | (Ci | ty/State and Zip Code) | STA STA | C |
| For furt | her informati | on concerning this matter, pleas | e call: | TE 43 | |
| Gler | nn H. Gil | ·-· | at (412) 316-8664 | | |
| | (Na | une of Person) | (Area Code & Daytime Tele | phone Number) | |
| Enclose | ed is a check | for the following amount: | | | |
| X \$125.0 | 00 Filing Fe | e \$\int\$\$\\$130.00 \text{Filing Fee & Certificate of Status}\$ | S155.00 Filing Fee & Certified Copy (additional copy is enclosed) | \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclose | |
| | | Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Ci Tallahassee, FL 32301 | ircle | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is: | | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|
| Block Medical Consulting, LLC (Must end with the words "Limited Liability Company, "L L C." or "LLC") | | | | | | |
| ARTICLE II - Address: | incipal office of the Limited Liability Company is: | | | | | |
| Principal Office Address: | Mailing Address: | | | | | |
| 13906 NW 15th Lane Gainesville, FL 32606 | 13906 NW 15th Lane Gainesville, FL 32606 | | | | | |
| ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent You must designate an individual or another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: | | | | | | |
| Dale J. Block | TALS: | | | | | |
| Name | LAI | | | | | |
| 13906 NW 15th La | ine Ass | | | | | |
| Florida street address (PO Box NOT acceptable) | | | | | | |
| Gainesville | FL 32606 | | | | | |
| City, State, and Zip | | | | | | |
| liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per | ccept service of process for the above stated limited his certificate. I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S. | | | | | |

(CONTINUED) Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: "MGR" = Manager "MGRM" = Managing Member MGRM Dale J. Block 13906 NW 15th Lane Gainesville, FL 32606

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: July 15, 2008

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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)

Dale J. Block
Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)