

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L08000069048  
FILED 8:00 AM  
July 17, 2008  
Sec. Of State  
gmcleod

**Article I**

The name of the Limited Liability Company is:  
OPTIMUM MEDICAL BILLING & RECOVERY, LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
180 PARK AVENUE NORTH  
SUITE 2A  
WINTER PARK, FL. 32789

The mailing address of the Limited Liability Company is:  
180 PARK AVENUE NORTH  
SUITE 2A  
WINTER PARK, FL. 32789

**Article III**

The purpose for which this Limited Liability Company is organized is:  
ANY AND ALL LAWFUL BUSINESS.

**Article IV**

The name and Florida street address of the registered agent is:  
JEANNETTE R BYRD  
1770 SPRUCE AVENUE  
WINTER PARK, FL. 32789

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.

Registered Agent Signature: JEANNETTE R BYRD

## **Article V**

The name and address of managing members/managers are:

Title: MGRM  
JEANNETTE R BYRD  
1770 SPRUCE AVENUE  
WINTER PARK, FL. 32789

Title: MGRM  
KATHY MCCOY  
4235 QUANDO DRIVE  
ORLANDO, FL. 32812

Title: MGRM  
PATRICIA MORGAN  
611 GAINES WAY  
WINTER PARK, FL. 32789

## **Article VI**

The effective date for this Limited Liability Company shall be:

07/16/2008

Signature of member or an authorized representative of a member

Signature: JEANNETTE R BYRD

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