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FLORIDA/FOREIGN LIMITED LIABILITY CO.

Provider's Choice Medical Billing, LLC

Certificate of Status	0
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FAX AUDIT # **H08000276207 3**

**ARTICLES OF ORGANIZATION
OF
Provider's Choice Medical Billing, LLC**

ARTICLE I NAME

The name of the limited liability company shall be: **Provider's Choice Medical Billing, LLC**

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be:
1342 Colonial Blvd Bldg. E Suite 33, Fort Myers, Florida 33907.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Business Filings Incorporated, 1203
Governors Square Blvd., Suite 101, Tallahassee, Florida 32301-2960. Located in the County of
Leon.

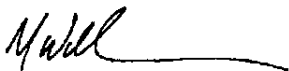
ARTICLE IV DURATION

The duration for the limited liability company shall be: Perpetual.

ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Members and the names and
addresses of the members of the Limited Liability Company are:

Ronald Bates, 3451 NE 10th Ave., Cape Coral, Florida 33909
Frances Bates, 1184 Schauer CT., Walnut Grove, California 95690
Jimmie Bates, 1184 Schauer Ct., Walnut Grove, California 95690



Date: December 18, 2008

Business Filings Incorporated, Organizer

Mark Williams, A.V.P.

Authorized Representative

Prepared by Mark Williams, Business Filings Incorporated, 8040 Excelsior Dr., Suite 200, Madison,
WI 53717

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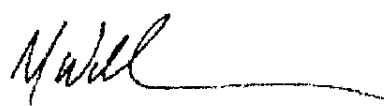
**CERTIFICATE OF DESIGNATION OF REGISTERED
AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: **Provider's Choice Medical Billing, LLC**

The name and address of the registered agent and office is Business Filings Incorporated, 1203 Governors Square Blvd., Suite 101, Tallahassee, Florida 32301-2960. Located in the County of Leon.

Having been named as registered agent and to accept service of process for the above stated 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.

Signature: 
Mark Williams, A.V.P.
Business Filings Incorporated

Date: December 18, 2008

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