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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Medical Revenue Recovery LLC

Certificate of Status	0
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**ARTICLES OF ORGANIZATION
OF
Medical Revenue Recovery LLC**

2009 APR -6 AM 8: 06

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

ARTICLE I NAME

The name of the limited liability company shall be: **Medical Revenue Recovery LLC**

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 214 West University Ave, Gainesville, Florida 32601.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Tom Colangelo, 214 West University Ave, Gainesville, Florida 32601. Located in the County of ALACHUA.

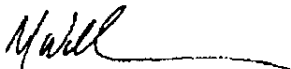
ARTICLE IV DURATION

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:

Tom Colangelo, 214 West University Ave, Gainesville, Florida 32601
Linda Colangelo, 214 West University Ave, Gainesville, Florida 32601
Crystal Colangelo, 214 West University Ave, Gainesville, Florida 32601
Kim Colangelo, 214 West University Ave, Gainesville, Florida 32601



Date: March 18, 2009

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

(608) 827-5300

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CERTIFICATE OF DESIGNATION OF REGISTERED
AGENT/REGISTERED OFFICESECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: **Medical Revenue Recovery LLC**

The name and address of the registered agent and office is Tom Colangelo, 214 West University Ave, Gainesville, Florida 32601. Located in the County of ALACHUA.

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:

Tom Colangelo

Date: 5/30/09

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