

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

L09000043783  
FILED 8:00 AM  
May 06, 2009  
Sec. Of State  
dbruce

**Article I**

The name of the Limited Liability Company is:

PRACTICE MANAGEMENT SOLUTIONS OF SOUTH FLORIDA, LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:

19460 NW 10TH ST.  
PEMBROKE PINES, FL. US 33029

The mailing address of the Limited Liability Company is:

19460 NW 10TH ST.  
PEMBROKE PINES, FL. US 33029

**Article III**

The purpose for which this Limited Liability Company is organized is:

MEDICAL BILLING & CODING

**Article IV**

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

RICHARD A VOLLOVICK  
10207 SUNRISE LAKES BLVD.  
APT. # 209  
SUNRISE, FL. 33029

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: RICHARD VOLLOVICK

## **Article V**

The name and address of managing members/managers are:

Title: MGRM  
LINDA J VOLLOVICK  
19460 NW 10TH ST.  
PEMBROKE PINES, FL. 33029 US

Title: MGRM  
HOWARD S VOLLOVICK  
19460 NW 10TH ST.  
PEMBROKE PINES, FL. 33029 US

Signature of member or an authorized representative of a member

Signature: LINDA VOLLOVICK

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