

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

L09000059045
FILED 8:00 AM
June 17, 2009
Sec. Of State
mthomas

Article I

The name of the Limited Liability Company is:

LEECARE PHYSICIANS BILLING SOLUTIONS, LLC

Article II

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

8009 COATES ROW PLACE
UNIVERSITY PARK, FL. 34201

The mailing address of the Limited Liability Company is:

8009 COATES ROW PLACE
UNIVERSITY PARK, FL. 34201

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:

LISA BUCCI
8009 COATES ROW PLACE
UNIVERSITY PARK, FL. 34201

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: LISA BUCCI

Article V

The name and address of managing members/managers are:

Title: MGRM
LISA BUCCI
8009 COATES ROW PLACE
UNIVERSITY PARK, FL. 34201

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Signature of member or an authorized representative of a member

Signature: JUDITH STREET