

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

L10000096022  
FILED 8:00 AM  
September 14, 2010  
Sec. Of State  
shawkes

**Article I**

The name of the Limited Liability Company is:

DIVERSIFIED MEDICAL BILLING & CONSULTING OF SOUTH  
FLORIDA, LLC

**Article II**

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

5021 SW 87 AVENUE  
MIAMI, FL. 33165

The mailing address of the Limited Liability Company is:

5021 SW 87 AVENUE  
MIAMI, FL. 33165

**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:

MARIA C NOGUES  
5021 SW 87 AVENUE  
MIAMI, FL. 33165

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: MARIA C. NOGUES

### **Article V**

The name and address of managing members/managers are:

Title: P  
MARIA C NOGUES  
5021 SW 87 AVENUE  
MIAMI, FL. 33165

Title: VP  
MARLENE C DECESPEDES  
5021 SW 87 AVENUE  
MIAMI, FL. 33165

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### **Article VI**

The effective date for this Limited Liability Company shall be:

09/14/2010

Signature of member or an authorized representative of a member

Signature: MARIA C. NOGUES