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FLORIDA LIMITED LIABILITY CO.
UNITED CARES PROVIDER SERVICE NETWORK, LLC

Certificate of Status	0
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ARTICLES OF ORGANIZATION

OF

United Cares Provider Service Network, LLC

The undersigned, under the provisions of Chapter 608 of the Florida Statutes (the "Act"), for the purpose of forming a limited liability company under the laws of the State of Florida, does set forth the following:

1. Name.

The name of the limited liability company is **United Cares Provider Service Network, LLC** (hereinafter referred to as the "Company").

2. Period of Duration.

Unless earlier terminated under the Act or the Operating Agreement, the period of duration of the Company shall be perpetual.

3. Address Of Place Of Business.

The mailing address for the Company is 8400 N.W. 33rd Street, Suite 400, Miami, Florida 33122 and the street address of the place of business for the Company is 8400 N.W. 33rd Street, Suite 400, Miami, Florida 33122. These addresses may be changed from time to time as provided in the Operating Agreement.

4. Registered Agent.

The initial registered agent in Florida for the Company is Jay R. Tome, Esquire and the initial registered office is located at: C/o Jay R. Tome, Esquire, 8400 N.W. 33rd Street, Suite 400, Miami, Florida 33122.

5. Capital Contributions.

Contributions to the capital of the Company shall be made by the members, in the manner prescribed by the written Operating Agreement made and entered into by the members and which may be amended from time to time in accordance with its terms.

6. Management.

This Company will be managed by one or more managers appointed by the members in accordance with the terms of the Operating Agreement. As such, the Company will be manager-managed. Managers may be designated as the president, secretary, and treasurer of the Company, and may also be designated as vice presidents, assistant secretaries, and assistant treasurers, and shall have the authority normally associated with these positions under corporate

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law. The Company may also designate persons as directors under the Operating Agreement who shall act in a manner similar to the directors of a corporation. The members, at a meeting of the members held not less than annually, shall designate the manager or managers, who may also be (but need not be) members, and the positions that the manager or managers will hold. The sole manager, who shall serve until the first annual meeting of the members or until his successor is elected and qualified, and his designation shall be as follows:

Name:	Position:
Jose R. Fox	Manager and President

7. Indemnification.

Except as expressly provided in the Operating Agreement, the Company shall indemnify any member, manager, or former member or manager to the full extent permitted under the Act.

Executed at City of Miami, Miami-Dade County, Florida, on January 9, 2012.

United Cares Provider Service Network, LLC
a Florida limited liability company

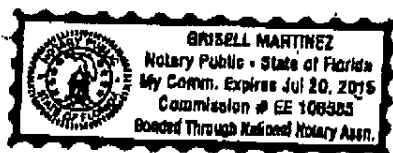
By: Jay R. Tome
Jay R. Tome, Esq., as authorized representative
and Attorney in Fact for Jose R. Fox,
Manager and President

STATE OF FLORIDA
COUNTY OF MIAMI-DADE

The foregoing instrument was acknowledged before me on January 9, 2012, by Jay R. Tome Esq., as authorized representative and Attorney in Fact for Jose R. Fox, Manager and President of United Cares Provider Service Network, LLC, who (X) is personally known to me or () produced as identification.

[Signature]
Notary Public — State of Florida
(name, typed or printed)

(Seal)



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

Under the provisions of F.S. 608.415 or 608.507, **United Cares Provider Service Network, LLC**, submits the following statement to designate a registered office and registered agent in the State of Florida:

1. The name of the limited liability company is **United Cares Provider Service Network, LLC**.
2. The name and street address of the registered agent in Florida are:

Jay R. Tome, Esquire
8400 N.W. 33rd Street
Suite 400
Miami, Florida 33122

The undersigned, being the person named in the articles of organization of **United Cares Provider Service Network, LLC**, as the registered agent of this limited liability company, hereby consents to accept service of process for the above-stated company at the place designated in the articles of organization, and accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of his or her duties, and is familiar with and accepts the obligations of the position of registered agent.

Registered Agent


Jay R. Tome, Esquire

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