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Email Address:

Lindsay@LMCMEDBILL.COM

**FLORIDA LIMITED LIABILITY CO.  
LMC PRACTICE MANAGEMENT, LLC**

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## ARTICLES OF ORGANIZATION

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## FOR

LMC PRACTICE MANAGEMENT, LLC

## ARTICLE I - NAME

The name of the Limited Liability Company is **LMC PRACTICE MANAGEMENT, LLC.**

## ARTICLE II - ADDRESS

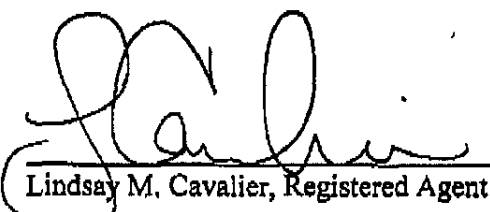
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
1283 Malone Avenue Spring Hill, Florida 34606	1283 Malone Avenue Spring Hill, Florida 34606

## ARTICLE III - REGISTERED AGENT

The name and the Florida street address of the Registered Agent is Lindsay M. Cavalier, 1283 Malone Avenue, Spring Hill, Florida 34606.

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 as provided for in Chapter 605, *Florida Statutes*.

  
Lindsay M. Cavalier, Registered Agent

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## ARTICLE IV - MANAGEMENT

The names and addresses of each person authorized to manage and control the Limited Liability Company are as follows:

Name and Address:	Title
Lindsay M. Cavalier 1283 Malone Avenue Spring Hill, Florida 34606	Manager

In accordance with Section 605.0203(1)(b), *Florida Statutes*, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in 817.155, F.S.

  
Lindsay M. Cavalier, Member

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