

Division of Corporations

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**L16UU207092**

Florida Department of State  
Division of Corporations  
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## To:

Division of Corporations  
Fax Number : (850) 617-6381

## From:

Account Name : GREENSPOON MARDER, P.A.  
Account Number : 076064003722  
Phone : (888) 491-1120  
Fax Number : (954) 343-6962

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: goldmann224@yahoo.com

**FLORIDA LIMITED LIABILITY CO.  
MEDICAL INFORMATION SPECIALISTS, LLC**

Certificate of Status	0
Certified Copy	0
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DIVISION OF CORPORATIONS  
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**ARTICLES OF ORGANIZATION  
OF  
MEDICAL INFORMATION SPECIALISTS, LLC**

**ARTICLE I - Name:**

The name of the limited liability company is Medical Information Specialists, LLC.

**ARTICLE II - Duration:**

The period of duration for the limited liability company shall begin with the filing of these Articles with the Florida Department of State, and shall exist perpetually, unless sooner dissolved in accordance with the Operating Agreement of the Limited Liability Company or Florida law.

**ARTICLE III - Address:**

The mailing address and street address of the principal office of the limited liability company is Box 174, 8374 Market Street, Lakewood Ranch, Florida 34202.

**ARTICLE IV - Registered Agent:**

The name and address of the initial registered agent for this limited liability company is Greenspoon Marder, P.A., 200 E. Broward Boulevard, Suite 1800, Fort Lauderdale, Florida 33301.

**ARTICLE V - Management:**

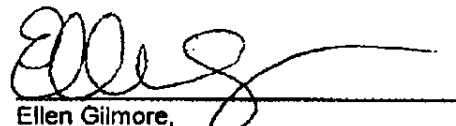
The limited liability company is to be managed by a manager or managers and the name and address of the initial manager who is to serve as manager is:

David Goldmann  
Box 174  
8374 Market Street  
Lakewood Ranch, Florida 34202

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The managers of this limited liability company: (i) may be replaced by the members, and (ii) shall be elected by the members, as provided for in the Operating Agreement of this limited liability company.

Whereof, the undersigned member has executed these Articles the 10<sup>th</sup> day of November, 2016.



Ellen Gilmore,  
Authorized Representative of Member

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

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 OR 605.0902, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is:

Medical Information Specialists, LLC

2. The name and address of the registered agent and office is:

Greenspoon Marder, P.A. (the "Firm")  
200 E. Broward Boulevard, Suite 1800  
Fort Lauderdale, Florida 33301

By: 

Ellen Gilmore, For the Firm

*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, the Firm hereby accepts the appointment as registered agent and agrees to act in this capacity. The Firm further agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties, and the Firm is familiar with and accepts the obligations of its position as registered agent as provided for in Chapter 605, F.S.*



Ellen Gilmore, For the Firm (Signature)

November 10, 2016  
(Date)