

L20000-105494

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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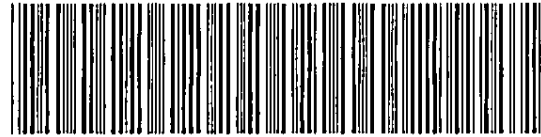
(Business Entity Name)

(Document Number)

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1. **MED DATA NOW LLC**
(CORPORATE NAME AND DOCUMENT #)
2. _____
(CORPORATE NAME AND DOCUMENT #)
3. _____
(CORPORATE NAME AND DOCUMENT #)
4. _____
(CORPORATE NAME AND DOCUMENT #)
5. _____
(CORPORATE NAME AND DOCUMENT #)
6. _____
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

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TALLAHASSEE, FL

ARTICLE I
Name

The name of this Limited Liability Company is:

Med Data Now LLC

ARTICLE II
Address

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

52 Riley Road
P.O. Box 361
Celebration, Florida 34747

ARTICLE III
Management

This Limited Liability Company is to be managed by one or more managers and is, therefore, a "manager-managed" limited liability company.

ARTICLE IV
Initial Board of Managers

This Limited Liability Company shall have one (1) managers initially. The number of managers may be either increased or decreased from time to time in accordance with the Operating Agreement of this Limited Liability Company, but shall never be fewer than one (1).

The names and addresses of the initial managers of this Limited Liability Company are as follows:

<u>Name</u>	<u>Street Address</u>
Alanna McDonald	52 Riley Road P.O. Box 361 Celebration, Florida 34747

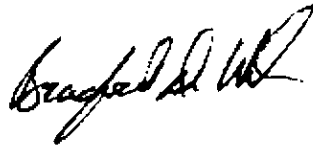
ARTICLE V
Registered Agent, Registered Office & Registered Agent's Signature

The name and the Florida street address of the Registered Agent of this Limited Liability Company is:

West PLC
174 W Comstock Ave.
Suite 105
Winter Park, FL 32789

Having been named as registered agent to accept service of process for this limited liability company at the place so designated in these Articles of Organization, the undersigned hereby accepts this appointment and agrees to act in this capacity. The undersigned agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties and is familiar with and accepts the

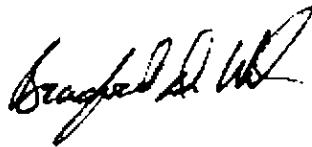
obligations of the undersigned's position as registered agent, as provided for in Chapter 605, Florida Statutes.



, Manager of West PLC

REGISTERED AGENT'S SIGNATURE

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 in Section 817.155, Florida Statutes.



AUTHORIZED REPRESENTATIVE'S SIGNATURE

Bradford D. West, Authorized Representative

Type or printed name of signee

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