

Leahy & Associates, P.A.
A Professional Association

Timothy B. Leahy, Esquire

L95000000859

29 August, 1995

Secretary of State
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

800001578668
-09/06/95--01070--002
****570.00 ****285.00

Re: Filing of Limited Liability companies (2)

Dear Sir:

Enclosed please find the originals and two copies of two limited liability companies. Also please find enclosed our trust account check in the amount of \$570.00. Please file same.

Thank you for your cooperation concerning this matter. If you have any questions, please feel free to contact me.

Sincerely,

Leahy & Associates, P.A.

Timothy B. Leahy
Timothy B. Leahy, Esquire
Attorney At Law
Enclosures *dw*
TBL/dw

FILED
95 NOV -8 AM 2:13
SECRETARY OF STATE
TALLAHASSEE FLORIDA

W95-18083
ST
11/09



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

September 8, 1995

LEAHY & ASSOCIATES, P.A.
535 CENTRAL AVE., STE. 300
ST. PETERSBURG, FL 33701

SUBJECT: PHYSICIANS MEDICAL BILLING, L.C.
Ref. Number: W95000018083

We have received your document for PHYSICIANS MEDICAL BILLING, L.C. and your check(s) totaling \$285.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The entity name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved entity. Names of administratively dissolved entities are not available for one year from the date of administrative dissolution unless the dissolved entity provides the Department of State with a notarized affidavit executed as required by section 607.0120, 617.01201, 608.5135 or 608.4482 Florida Statutes, permitting the immediate assumption or use of the name by another entity.

Simply adding "of Florida" or "Florida" to the end of a name does not constitute a difference.

When the document is resubmitted, please return a copy of this letter to ensure proper handling.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6924.

Sharon Tala
Document Specialist Supervisor

Letter Number: 395A00041516

ARTICLES OF ORGANIZATION

OF
PHYSICIANS BILLING AND COLLECTIONS SERVICES, L.C.

The undersigned, for the purpose of forming a Limited Liability Company under Florida Chapter 608, do adopt the following Articles of Organization:

ARTICLE I

NAME: The name of this Limited Liability Company is:

PHYSICIANS BILLING AND COLLECTIONS SERVICES, L.C.

ARTICLE II

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

Mailing address:

35246 U.S. Highway 19
Suite 217
Palm Harbor, Florida 34683

Street Address:

35246 U.S. Highway 19
Suite 207
Palm Harbor, Florida 34683

ARTICLE III

DURATION: The duration of the Company shall continue for not more than thirty (30) years.

ARTICLE IV

FILED
NOV -8 AM 8:10
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MANAGEMENT: The Limited Liability Company is to be managed by the members and the names and addresses of the managing member is:
Brenda Schafstall, 35246 U. S. Highway 19, Palm Harbor, Florida 34683.

ARTICLE V

ADMISSION OF ADDITIONAL MEMBERS: The right, of the remaining members to admit additional members and the terms and conditions of the admissions shall be; The addition of any member in this Company must be with the written consent of all of the existing members.

ARTICLE VI

MEMBERS RIGHT TO CONTINUE BUSINESS: The right, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be granted with the written consent of all the remaining members.


BRENDA SCHAFSTALL Member

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507
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:
PHYSICIANS BILLING AND COLLECTIONS SERVICES, L.C.
2. The name and address of the registered agent and office
is:

Brenda Schafstall
35246 U.S. Highway 19
Suite 207
Palm Harbor, Florida 34683

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.

Brenda Schafstall
BRENDA SCHAFSTALL

11/2/95
DATE

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member of authorized representative
member of PHYSICIANS BILLING AND COLLECTIONS SERVICES, L.C.,:

1. The above named limited liability company has at least two members.
2. The total amount of cash contributed by the members is \$1,000.00.
3. The total amount of cash or property anticipated to be contributed by members is \$1,000.00. This total includes amounts from number (2) above.

Brenda Schafstall
BRENDA SCHAFSTALL, Member

FILED
95 NOV -8 AM 8:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILE NOW: Fee after May 1, will be \$263.75

FILED

96 MAY 17 PM 12: 19

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**LIMITED LIABILITY COMPANY
ANNUAL REPORT
1996**



**FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**

FILING FEE \$ 238.75
Annual Report \$100.00 + \$138.75 Corporation Supplemental Fee
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company
DOCUMENT # L95000000859
**PHYSICIANS BILLING AND COLLECTIONS SERVICE
S, L.C.**
**35246 U.S HWY 19, STE. 217
PALM HARBOR FL 34683**

1a. Principal Place of Business Address

**35246 U.S HWY 19, STE. 217
PALM HARBOR FL 34683**

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Date Organized or Qualified

11/08/1995

3a. State of Formation

FL

4. FEI Number

59-3365602

☐ **Applied For**

☐ **Not Applicable**

5. Date of Last Report

6. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent

**SCHAFSTALL, BRENDA
35246 U.S HWY 19, STE. 217
PALM HARBOR FL 34683**

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

FL

Zip Code

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE

DATE

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when re-registering)

10. Title

Managing Members/Managers

Business Street Address

City, State and Zip Code

MGRM SCHAFSTALL, BRENDA

35246 U.S HWY 19, STE. 217 PALM HARBOR, FL

**500001827125
-05/17/96--01005--018
****238.75 ****238.75**

Amc 5-17-96

11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3) (k), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

Brenda Schafstall

BRENDA SCHAFSTALL 5/1/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #