

# L97000001083

## TRANSMITTAL LETTER FOR FLORIDA LIMITED LIABILITY COMPANY

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

SUBJECT: PRECISE MEDICAL BILLING, L.C.

200002310142--9  
-10/02/97--01084--004  
\*\*\*\*\*50.00 \*\*\*\*\*50.00  
200002310142--9  
-10/02/97--01084--005  
\*\*\*\*\*235.00 \*\*\*\*\*235.00

Enclosed is an original and one (1) copy.

Filing fee for articles of organization of Florida Limited Liability Company :

\$250.00 Filing fee for Articles of Organization and Affidavit  
\$ 35.00 Designation of Registered Agent

Payment will be a check for \$235.00 and a copy of a canceled check for \$50.00. The canceled check was cashed by the Department of State on August 5<sup>th</sup> 1997 for a Fictitious Name Registration, for the same name, but not registered.

FROM: JEFFREY B. LEHNERTZ

5406 OAK MEADOW DR.

MILTON, FL 32570

(850) 983-2865 OR (850) 983-6109

FILED

97 SEP 26 PM 3:30

RECEIVED

97 SEP 15 PM 2:41

DIVISION OF CORPORATIONS

Name	9/16/97
Availability	Dec
Document Examiner	DOC
Indexer	DOC
Mailroom	DOC
Notary	DOC
Acknowledgement	DOC
W. P. Verifier	DOC

C. TAX	_____
FILING	235.00
R. AGENT FEE	_____
C. COPY	_____
TOTAL	_____
N. BANK	_____
BALANCE DUE	_____
REFUND	_____

W970000021333

L97000001083

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

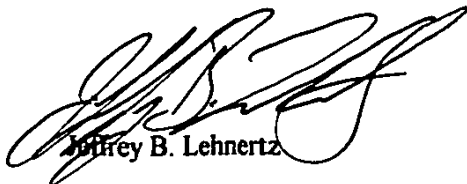
SUBJECT: PRECISE MEDICAL BILLING, L.C.

As per our phone conversation, enclosed you will find:

- 1) A copy of your letter (no. 397A00045979).
- 2) A copy of the Articles of Organization for *Precise Medical Billing*.
- 3) A copy of the Affidavit of Membership and Contributions for the same.
- 4) A new Certification of Designation of Registered agent for the same.
- 5) And a check for \$50.00.

Please accept the check with the \$235.00 already submitted to file and register the new limited liability company, *Precise Medical Billing, L. C.*

If you have any questions please call me at (850) 983-2865. Thank you for your help and consideration.



Jeffrey B. Lehnertz



**FLORIDA DEPARTMENT OF STATE**

**Sandra B. Mortham**  
Secretary of State

September 16, 1997

**JEFFREY B. LEHNERTZ**  
5406 OAK MEADOW DR  
MILTON, FL 32570

**SUBJECT: PRECISE MEDICAL BILLING, L.C.**  
Ref. Number: W97000021333

We have received your document for PRECISE MEDICAL BILLING, L.C. and your check(s) totaling \$235.00. However, the document has not been filed and is being retained in this office for the following:

The fees for a limited liability company breakdown as follows: \$250 filing fee, \$35 for designation of registered agent, \$52.50 for an optional certified copy, and \$8.75 for an optional certificate of status.

The cancelled check you submitted and stated that the fictitious name wasn't filed has been filed. See the attached print out.

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 (850) 487-6913.

Diane Cushing  
Corporate Specialist

Letter Number: 397A00045979

## **ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

### **ARTICLE I - Name:**

The name of the limited Liability Company is Precise Medical Billing, L.C.

### **ARTICLE II - Address:**

The mailing address of Precise Medical Billing, L.C. is:  
5215 Dogwood Drive, Suite B-67, Milton, Florida 32570.

The street address of the principal office of Precise Medical Billing, L.C. is:  
5406 Oak Meadow Drive, Milton, Florida 32570.

### **ARTICLE III - Duration:**

The period of duration for Precise Medical Billing, L.C. shall be perpetual.

### **ARTICLE IV - Management:**

Precise Medical Billing, L.C. is to be managed by the members listed below:  
Jeffrey B. Lehnertz 5406 Oak Meadow Dr., Milton, Florida 32570.  
Mary K. Lehnertz 5406 Oak Meadow Dr., Milton, Florida 32570.

### **ARTICLE V - Admission of Additional Members:**

The members of Precise Medical Billing, L.C. have the right to admit additional members only upon concurrence of all current members.

### **ARTICLE VI - Members Rights to Continue Business:**

The current members of Precise Medical Billing, L.C. have the right to continue business on the death, retirement, resignation or expulsion of another member. The original two members must be in concurrence for the expulsion of another member while they are still members.

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## AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member or authorized representative of a member of Precise Medical Billing, L.C. deposes and says:

- 1) The above named limited liability company has at least two members
- 2) The total amount of cash contributed by the members is \$7,000.
- 3) The agreed value of property other than cash contributed by members is \$ 0.
- 4) The amount of cash or property anticipated to be contributed by members is \$ 0.
- 5) The total amounts of 2, 3, and 4 is \$7,000.

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FILED

  
Signature of a member or authorized representative of a member.

(in accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

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

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE  
UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING  
STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN  
THE STATE OF FLORIDA.

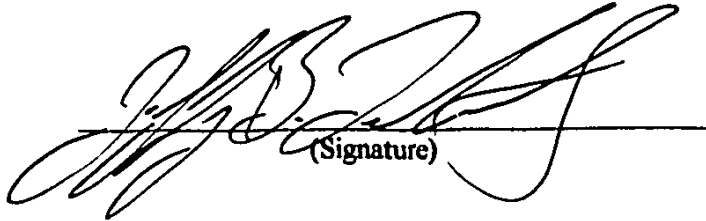
1. The name of the limited liability company is Precise Medical Billing, L.C.
2. The name and address of the registered agent and office is:

Jeffrey B. Lehnertz

5406 Oak Meadow Dr.

Milton FL, 32570

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.

  
(Signature)

23 Sep 97  
(Date)

FILED  
97 SEP 25 PM 3:30

**Filing Fee: \$35 for designation of Registered Agent**