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FROM-BUSINESS SERVICES

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LIMITED LIABILITY COMPANY

MedClaim Associates, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$293.75

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**ARTICLES OF ORGANIZATION
OF
MedClaim Associates, LLC**

ARTICLE I NAME

The name of the limited liability company shall be: MedClaim Associates, LLC

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 5115 North Socrum Loop Road, Suite 91, Lakeland, FL 33809

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Business Filings Incorporated, 1186 Ocean Shore Blvd., Suite 195, Ormond Beach, FL 32176

ARTICLE IV DURATION

The duration for the limited liability company shall be: 12/31/2049.

ARTICLE V MEMBERS

The management of the limited liability company is reserved for the members and the names and addresses of the initial members are:
Ross Reed, 5115 North Socrum Loop Road, Suite 91, Lakeland, FL 33809
Robin Frederick-Reed, 5115 North Socrum Loop Road, Suite 91, Lakeland, FL 33809

Prepared by Richard Oster, 214 North Henry Street, Suite 201, Madison, WI 53703.
(608) 251-6600.

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AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member or authorized representative of a member of MedClaim Associates, LLC 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 are: \$ 1.00
- 3) if any, the agreed value of property other than cash contributed by members is: \$ 0.00
A description of the property is attached and made a part hereto.
- 4) the amount of cash or property anticipated to be contributed by members is \$ 0.00
- 5) the total amounts of 2,3 and 4 is \$ 1.00

RLD

 Ross Reed, Member

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: MedClaim Associates, LLC

The name and address of the registered agent and office is: Business Filings Incorporated, 1186 Ocean Shore Blvd., Suite 195, Ormond Beach, FL 32176

Having been named as registered agent and to accept service of process for the above stated corporation 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: [Signature]
Richard Oster, Vice-President
Business Filings Incorporated

Date: 4/20/99

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