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SECRETARY OF STATE DIVISION OF CORPORATIONS

WO7-24494



COVER LETTER

Division of Corporations		
SUBJECT: CCI Billing Serv (Name of Limit	ited Liability Company)	
The enclosed "Application by Foreign Limited Lial Florida," Certificate of Existence, and check are su liability company to transact business in Florida		
Please return all correspondence concerning this m	atter to the following:	
Jane Whale	me of Person)	DIVISION OT JUN
OCZ Billing Fir	Spruices LLC m/Company)	THEOR STATE
613 TaTem AV	(Address)	TENS
Collings wood (City/Sta	ate and Zip Code)	
For further information concerning this matter, ple	ase call:	
Nick Carrell (Name of Person)	at (954) 5450033 > (Area Code & Daytime Telephone Numb	- er)
MAILING ADDRESS: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
Enclosed is a check for the following amount: \$\Bigsim \frac{1}{2}\$125.00 Filing Fee & Certificate of	□\$155.00 Filing Fee & □\$160.00 Filing Fee, C Status Certified Copy of Status &	Certificate Certified Copy



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 22, 2007

JANE WHALEN
CCI BILLING SERVICES LLC
613 TATEM AVE
COLLINGSWOOD, NJ 08108

SUBJECT: CCI BILLING SERVICES LLC

Ref. Number: W07000024494



We have received your document for CCI BILLING SERVICES LLC and your check(s) totaling \$130.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6043.

Joey Bryan Document Specialist

Letter Number: 207A00035607

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: CCI Billing Services LLC
(Name of Foreign Limited Liability Company) Texas

(Jurisdiction under the law of which foreign limited liability

(FEI number, if applicable) 5. (Duration: Year limited liability company will cease to exist or "perpetual") (Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability) 8. If limited liability company is a manager-managed company, check here 9. The name and usual business addresses of the managing members or managers are as follows: Charles Treatham MA 92 E Menab Rd Pompano Beach FL 53060 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: Anesthesia services Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes

an affirmation under the penalties of perjury that the facts stated herein are true.)

Charles Treatham

Typed or printed name of signee

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 TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:	
CCI billing services LLC	 _
2. The name and the Florida street address of the registered agent and office are:	,
Jane whalen (Name)	OT JUN
92 E MENQB Rd Florida Street Address (P.O. Box NOT ACCEPTABLE)	F CORPOR
Pompano Deu FL 35060 City/State/Zip	ZATIONS 2: 14
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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 as provided for in Chapter 608, Florida Statutes.

Jose Wholer
(Signature)

\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional) Córporations Section P.O.Box 13697 Austin, Texas 78711-3697



Roger Williams Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for CCI Billing Services, L.L.C. (file number 800764541), a Domestic Limited Liability Company (LLC), was filed in this office on January 26, 2007.

It is further certified that the entity status in Texas is in existence.

SECRETARY OF STATIONS
DIVISION OF CORPORATIONS

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In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on May 29, 2007.



gas Moining

Roger Williams Secretary of State

Dial: 7-1-1 for Relay Services Document: 172064540003

Phone: (512) 463-5555 Prepared by: SOS-WEB