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SECRETARY OF STATE TALLAHASSEE, FLORIDA

FILED

COVER LETTER

TO:

Registration Section

Division of Corporations
SUBJECT: National Bill Audit Services, LLC Name of Limited Liability Company
Number Ellinted Ellering Company
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida
Please return all correspondence concerning this matter to the following:
Carol Fant Name of Person
Name of Person
Integrated HealTh Plan, Inc. Firm/Company
Firm/Company
150-153 rd Ave., Ste. 303
Address
Address Maderia Beach Fl 33708 City/State and Zip Code Cfant Cihplan.com E-mail address: (to be used for future annual report notification)
City/State and Zip Code
Maderia Beach FC 33708 City/State and Zip Code Cfante in plan, com E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Carol Fant at (727) 394-177 Name of Person Area Code & Daytime Telephone Number
Name of Person Area Code & Daytime Telephone Number
MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton Building
Tallahassee, FL 32314 Chilon Banding 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\bigcup \\$130.00 Filing Fee & Certificate of Status \$\bigcup \Certified Copy \bigcup \\$160.00 Filing Fee, Certified Copy

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:
1. National Bill Audit Services, LC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.")
2. De laware (Jurisdiction under the law of which foreign limited liability 3. 20-0091768 (FEI number, if applicable)
company is organized)
4. 7/16/03 (Date of Organization) 5. Perpetual (Duration: Year limited liability company will cease to exist or "perpetual") (nor has it ever had)
6. LLC formed 7/16/03 - no FL clients at This time but intends to in future (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
2 4020 Part 5t 56 103 2 0
St. Peters burg, FL 33708 (Street Address of Principal Office) ST. St. Peters burg, FL 33708 (Street Address of Principal Office)
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 for the managers and the managers are as for the managers are as f
Linda Plaster, 150-153 Ave. Ste. 303, Madeira Beach, PL 33708
Linda Plaster, 150-153rd Ave. Ste. 303, Madeira Beach, FL 33708 Carol Fant, 150-153rd Ave. Ste. 303, Madeira Beach, FL 33708
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: health care bill audits
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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

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:		
National Bill Audit Services, LLC		
If unavailable, the alternate to be used in the state of Florida is:		
	77.0 28	
2. The name and the Florida street address of the registered agent and office are: \[\text{Carol Fant, Attorney at Law} \\ \text{(Name)} \] \[\text{150-153^rd Aw. Ste. 303} \\ \text{Florida Street Address (P.O. Box NOT ACCEPTABLE)} \]	2011 JUN 30 SECRETARY TALLAHASSI	-17
Carol Fant, Attorney at Law	N 38 TARY TASSE	
(Name)	OF STU	
150-153 A.P. Ste. 303 Florida Street Address (P.O. Box NOT ACCEPTABLE)	TATE ORIDA	
	~	
Made, ra Beach, FL 33708 City/State/Zip	-	

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.

(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

Delaware

PAGE :

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "NATIONAL BILL AUDIT SERVICES LLC"

IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN
GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF
THIS OFFICE SHOW, AS OF THE FIFTEENTH DAY OF JUNE, A.D. 2011.

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110663409

AUTHENTY CATION: 8837325

DATE: 06-15-11

You may verify this certificate online at corp.delaware.gov/authver.shtml