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C. LEWIS
DEC -4 2012
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Northeast Ohio Medical Management Systems, Ltd.
Name of Limited Liability 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:

Joseph C. Bishara, Esq.
Name of Person

Roth, Blair, Roberts, Strasfeld & Lodge
Firm/Company

100 Federal Plaza East, Suite 600
Address

Youngstown, Ohio 44503
City/State and Zip Code

sstrasfeld@rothblair.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stuart A. Strasfeld, Esq. at (330) 744-5211
Name of Person Area Code & Daytime Telephone Number

MAILING ADDRESS:
Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ $125.00 Filing Fee ☐ $130.00 Filing Fee & Certificate of Status ☒ XX $155.00 Filing Fee & Certified Copy ☐ $160.00 Filing Fee, Certificate of Status & 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. Northeast Ohio Medical Management Systems, Ltd., an Ohio Limited Liability Company
(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. Ohio
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 34-1822423
(FEI number, if applicable)

4. March 15, 1996
(Date of Organization)

5. Perpetual
(Duration: Year limited liability company will cease to exist or "perpetual")

6. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 5500 Market Street, Youngstown, Ohio 44512
(Street Address of Principal Office)

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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:

Marc B. Rubin, 5775 Lamplighter Drive, Girard, Ohio 44420

Harris Roth, 2667 North Ocean Blvd., Apt. 607, Boca Raton, FL 33431

Joseph Levy, 3900 Oaks Clubhouse Drive, Apt. 401, Pompano Beahh, FL 33069

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: Management, billing, support and consulting services to health care providers.

Marc B. Rubin
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.)

Marc B. Rubin
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:

Northeast Ohio Medical Management Systems, Ltd.

If unavailable, the alternate to be used in the state of Florida is:

Northeast Ohio Medical Management Systems, LLC

2. The name and the Florida street address of the registered agent and office are:

Harris Roth
(Name)

2667 North Ocean Blvd., Apt. 607
Florida Street Address (P.O. Box NOT ACCEPTABLE)

Boca Raton FL 33431
City/State/Zip

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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.

Harris Roth
(Signature)

Harris Roth

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

United States of America
State of Ohio
Office of the Secretary of State

I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show NORTHEAST OHIO MEDICAL MANAGEMENT SYSTEMS, LTD., an Ohio Limited Liability Company, Registration Number 935086, was organized within the State of Ohio on March 15, 1996, is currently in FULL FORCE AND EFFECT upon the records of this office.

Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 28th day of November, A.D. 2012

Jon Husted

Ohio Secretary of State

Validation Number: V2012332N40613