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DEPARTMENT OF JUSTICE  
DIVISION OF INVESTIGATION  
15 JUL 15 AM 11:40  
JUL 15 1964  
10 APPROVAL  
SUFFICIENCY OF FILING

FILED  
2015 JUL 15 PM 3:27  
SHERIFF OF STATE  
TALLAHASSEE, FLORIDA

N. Culligan JUL 16 2015

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

**Special Instructions to Filing Officer:**

Office Use Only

Wolters Kluwer

515 E Park Avenue, Tallahassee, FL, 32301

850-205-8842

**MODERNIZING MEDICINE BILLING SERVICES, LLC**



☐ Nonprofit  
☐ Domestic Corporation

☐ Limited Partnership  
☒ **LLC**  
**Registration**

☒ **Certified Copy**  
**Registration**

☒ Walk In  
☐ Mail Out

Name \_\_\_\_\_  
Availability \_\_\_\_\_  
Document \_\_\_\_\_  
Examiner \_\_\_\_\_  
Updater \_\_\_\_\_  
Verifier \_\_\_\_\_  
W.P. Verifier \_\_\_\_\_

☐ Amendment  
☐ Dissolution/Withdrawal  
☐ Reinstatement  
☐ Annual Report

☐ Name Registration  
☐ Fictitious Name

☐ Photocopies

☐ Will Wait

**KM**

7/15/2015

☐ Merger

☐ Mark

☐ Other

☐ CUS

☐ After 4:30

☒ Pick Up

**Order#**  
**9623774**

Ref#:

Amount: \$

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Modernizing Medicine Billing Services, LLC

\_\_\_\_\_  
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:

Scott Gitterman

\_\_\_\_\_  
Name of Person

Modernizing Medicine, Inc.

\_\_\_\_\_  
Firm/Company

3600 FAU Boulevard, Suite 202

\_\_\_\_\_  
Address

Boca Raton, FL 33431

\_\_\_\_\_  
City/State and Zip Code

scott.gitterman@modmed.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Scott Gitterman

\_\_\_\_\_  
Name of Contact Person

at ( 561 )

\_\_\_\_\_  
Area Code

358-4023

\_\_\_\_\_  
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

☒ \$155.00 Filing Fee &  
Certified Copy

☐ \$160.00 Filing Fee, Certificate  
of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 16, 2015

WOLTERS KLUWER

SUBJECT: MODERNIZING MEDICINE BILLING SERVICES, LLC  
Ref. Number: W15000047612

We have received your document for MODERNIZING MEDICINE BILLING SERVICES, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Based on the information you have provided and in accordance with s.607.1502(4), 605.0904(7) or 617.1502(4), F.S., this office will reduce the civil penalty of \$1,000 per year to \$500 per year for each year this entity transacted business or conducted its affairs in Florida prior to qualification. Therefore, the total amount due to cover both annual report/uniform business report and penalty fees is \$638.75.

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) 245-6051.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 015A00014898

**\*RE-SUBMIT\***

Please retain original filing  
date of submission 7/15/15

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

15 JUL 16 PM 1:58

TO: CHAIRMAN  
SUFFICIENT FILING

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

*IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A  
FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. Modernizing Medicine Billing Services, LLC

(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. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. California

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 80-0850071

(FEI number, if applicable)

4. December 22, 2014

(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 3300 Douglas Boulevard, Suite 200, Roseville, California 95661

(Street Address of Principal Office)

6. 3300 Douglas Boulevard, Suite 200, Roseville, California 95661

(Mailing Address)

7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Mark Fleisher, Senior Executive Vice President and General Counsel

3600 FAU Boulevard, Suite 202, Boca Raton, FL 33431

8. 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)



Signature of an authorized person

(In accordance with section 605.0203, 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.)

Mark Fleisher

Typed or printed name of signee

FILED  
2015 JUL 15 PM 3:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), 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:

Modernizing Medicine Billing Services, LLC

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

\_\_\_\_\_

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

NRAI Services, Inc.

(Name)

1200 South Pine Island Road

Florida Street Address (P.O. Box NOT ACCEPTABLE)

Plantation

FL 33324

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 605, Florida Statutes.*

By: NRAI Services, Inc.

(Signature)

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

FILED  
2015 JUL 15 PM 3:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**State of California**  
**Secretary of State**

**CERTIFICATE OF STATUS**

**ENTITY NAME:** MODERNIZING MEDICINE BILLING SERVICES, LLC

**FILE NUMBER:** 200617810147  
**FORMATION DATE:** 06/27/2006  
**TYPE:** DOMESTIC LIMITED LIABILITY COMPANY  
**JURISDICTION:** CALIFORNIA  
**STATUS:** ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate  
and affix the Great Seal of the State of California this  
day of July 14, 2015.

ALEX PADILLA  
Secretary of State