

Florida Department of State

Division of Corporations Public Access System

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Division of Corporations
Fax Number : (850)205-0383

From: Nery C. Toledo, Legal Assistant
Account Name : AKERMAN, SENTERFITT & EIDSON, P.A.

Account Number: 075471001363

OE Phone : (305)374-5600
Phone : (305)374-5095

H. SECRETARY OF STATE

ACCOUNT Number: 075471001363

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OF THE SECRETARY OF STATE

ACCOUNT Number: 075471001363

OF Phone : (305)374-5095

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ACCOUNT Number: 075471001363

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ACCOUNT

ICORE HEALTHCARE, LLC

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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:

| Ŀ. | ICORE HEALTHCARE, LLC (Name of foreign limited liability company) | | | — |
|-----|---|--|------------------------|------------|
| 2. | Delaware Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) | <u>. </u> | | _ |
| 4. | Company is organized) January 22, 2003 (Date of Organization) (Duration: Year limited liability company we exist or "perpenual") | ill cease 10 | | |
| 5. | Upon qualification (Date first transacted business in Florida, (See sections 608,501, 608,502, and 817 155, F.S.) | - | | <u>-</u> : |
| 7. | 5850 T. G. Lee Boulevard, Spute 510 | | | |
| | Orlando, Fl. 32822 | 문설 | \mathcal{G}_{3} | |
| | (Street address of principal office) | 22 | | |
| ₫, | If limited liability company is a manager-managed company, check here | 。 | 26 | 7 |
|). | The name and usual business addresses of the managing members or managers are as follows: | | S PM | T |
| | Raju Mantena | <u> </u> | == -== = | _ |
| | 5850 T. G. Lee Boulevard, Suite 510 | うる | <u></u> | _ |
| | Orlando, FL 32822 | | | _ |
| 10 | Attached is an onginal certificate of existence, no more than 90 days old, duly authenticated by the official of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the foreign language, a translation of the certificate under oath of the translator must be submitted.) | l having cu | ustody te is in t | |
| i 1 | . Nature of business or purposes to be conducted or promoted in Florida:Any lawful purpose permitted | under the | laws o | <u></u> |
| | the State of Florida Marshall & Burach | - | <u> </u> | |
| | 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 penjury that the facts stated herein are true.) | <u>-</u> 74 | | |
| | Marshall R. Bursek, Counsel for Managing Member | | | |

Typed or printed name of signee

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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.

| STATE OF FLORIDA. 1. The name of the Limited Liability Com | cany is: | | | |
|--|---|--|---|------------------------|
| | - | | | |
| ICORE HEALTHCARE, LLC | | | | |
| 2. The name and the Florida street address | s of the reg | gistered agent and offic | ce are: | |
| American I | nformatio (Nam | n Services, Inc. | SECRETA TALLANA | 03 EAR |
| One S.E. T Florida street ac | hird Aven ddress (P.O. Bo | ue, 28 th Floor :: NOT ACCEPTABLE) | SSEE, FLORIDA | 26 张 4 |
| Mi | ami, FL 3 (City/State | | TE ASI | (3) |
| Having been named as registered agent an liability company at the place designated is registered agent and agree to act in this constitutes relating to the proper and complet accept the obligations of my position as real AMERICAN INFORMATION SERVICE Nery C. Toledo, Assistant Secretar (Signature) | in this cert apacity. I te perform egistered a SS, INC. | ificate, I hereby accep further agree to comp ance of my duties, and | ot the appointment a ly with the provision I I am familiar with | is ns of all and |
| \$ | 00.00 25.00 30.00 5.00 | Filing Fee for App Designation of Rep Certificate Copy (Certificate of State | gistered Agent optional) | |

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I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ICORE HEALTHCARE, 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 TWENTY-FIFTH DAY OF MARCH, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ICORE HEALTHCARE, LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF JANUARY, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

SECRETARY OF STATE

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AUTHENTICATION: 2329844

DATE: 03-25-03