

M03000002646

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

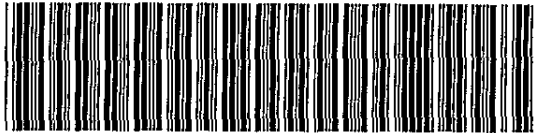
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200022058862

08/07/03--01029--004 **155.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 AUG - 7 PM 2:03

8/1/03

STITES & HARBISON PLLC

ATTORNEYS

SunTrust Center
424 Church Street
Suite 1800
Nashville, TN 37219-2376
(615) 244-5200
(615) 782-2371 FAX
www.stites.com

August 6, 2003

VIA FEDERAL EXPRESS

Tammy Fogarty
615-782-2275
tammy.fogarty@stites.com

Florida Dept. of State
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

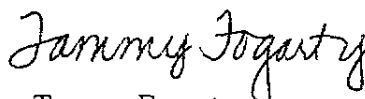
RE: Application by Foreign Limited Liability Company

Dear Sir or Madam:

Enclosed please find your form Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida for Advanced Medical Services, LLC. Enclosed with the Application is a Certificate of Existence from the Secretary of State of Tennessee, and a check in the amount of \$155. This check should cover the filing fee, the Designation of Registered Agent and a certified copy. Please return the certified copy in the enclosed self-addressed stamped envelope.

Should you have any questions regarding this Application, please call me at 615-782-2275.

Very truly yours,



Tammy Fogarty

:twf
Enclosures

08202N:971002:545386:1:NASHVILLE
080503

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 AUG -7 PM 2:03

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. Advanced Medical Services, LLC
(Name of foreign limited liability company)
2. Tennessee 3. 62-1706721
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. September 9, 1997 5. Perpetual
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6. August 1, 2003
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. 3522 Central Pike, Suite 209
Hermitage, Tennessee 37076
(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 follows:
Virginia Long, 3522 Central Pike, Suite 209, Hermitage, Tennessee 37076
Keith Evans, 3522 Central Pike, Suite 209, Hermitage, Tennessee 37076

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: Medical management

Keith A. Evans
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.)

Keith A. Evans

Typed or printed name of signee

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 AUG - 7 PM 2:03

**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:

Advanced Medical Services, LLC

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

NRAI Services, Inc.

(Name)

526 E. Park Avenue

Florida street address (P.O. Box **NOT** ACCEPTABLE)

Tallahassee, FL 32301

(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, F.S.

Lisa Reeves, Assistant Sec.

(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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 AUG -7 PM 2:03

Secretary of State
Division of Business Services
312 Eighth Avenue North
6th Floor, William R. Snodgrass Tower
Nashville, Tennessee 37243

ISSUANCE DATE: 08/04/2003
REQUEST NUMBER: 03216547
TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 09/09/1997
STATUS: ACTIVE
CORPORATE EXPIRATION DATE: PERPETUAL
CONTROL NUMBER: 0337187
JURISDICTION: TENNESSEE

TO:
TAMMY FOGARTY @ STITES & HARBISON
424 CHURCH ST
STE 1800
NASHVILLE, TN 37219

REQUESTED BY:
TAMMY FOGARTY @ STITES & HARBISON
424 CHURCH ST
STE 1800
NASHVILLE, TN 37219

CERTIFICATE OF EXISTENCE

I, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT

"ADVANCED MEDICAL SERVICES, LLC"

A LIMITED LIABILITY COMPANY DULY FORMED UNDER THE LAW OF THIS STATE WITH DATE OF FORMATION AND DURATION AS GIVEN ABOVE;
THAT ALL FEES, TAXES, AND PENALTIES OWED TO THIS STATE WHICH AFFECT THE EXISTENCE OF THE LIMITED LIABILITY COMPANY HAVE BEEN PAID;
THAT THE MOST RECENT LIMITED LIABILITY ANNUAL REPORT REQUIRED HAS BEEN FILED;
THAT ARTICLES OF DISSOLUTION HAVE NOT BEEN FILED; AND
THAT ARTICLES OF TERMINATION OF THE EXISTENCE HAVE NOT BEEN FILED.

FOR: REQUEST FOR CERTIFICATE

ON DATE: 08/04/03

FROM:
STITES & HARBISON PLLC (424 CHURCH ST)
STE 1800
424 CHURCH ST
NASHVILLE, TN 37219-0000

	FEES	
RECEIVED:	\$20.00	\$0.00
TOTAL PAYMENT RECEIVED:		\$20.00

RECEIPT NUMBER: 00003339757
ACCOUNT NUMBER: 00355982



Riley C Darnell

RILEY C. DARNELL
SECRETARY OF STATE