

M07000007393

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

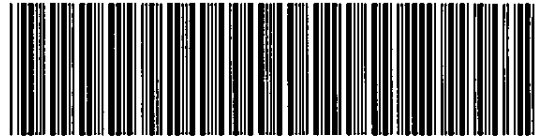
(Business Entity Name)

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STATE
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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12/20

FLORIDA FILING & SEARCH SERVICES, INC.

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155 OFFICE PLAZA DRIVE, SUITE A, TALLAHASSEE, FL 32301
PHONE: (850) 216-0457 / FAX: (850) 216-0460**

DATE: 12/19/2007

NAME: COUNTRY-WIDE INDEPENDENT EXAMS, LLC

**TYPE OF FILING: APPLICATION TO TRANSACT
BUSINESS**

COST: \$125

RETURN:

ACCOUNT: FCA000000015

AUTHORIZATION: PAUL / ABBIE HODGE



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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN
LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. Country-Wide Independent Exams, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

n/a
(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.," "L.L.C.")

2. Delaware 3. 74-3107391
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 09/30/2003 5. perpetual
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

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

7. 88 Black Falcon Avenue, Suite 353
Boston, MA 02210
(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:
MCMC Holdings LLC
88 Black Falcon Avenue, Suite 353
Boston, MA 02210

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: Independent Medical Exams and Peer Reviews

Robert A. Millerick
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.)
Robert A. Millerick - Member
Typed or printed name of signee

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TALLAHASSEE, FLORIDA

**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:

Country-Wide Independent Exams, LLC

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

n/a

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

Registered Agent Solutions, Inc.

(Name)

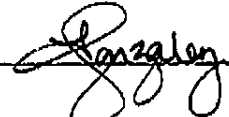
155 Office Plaza Dr., Suite A

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

Tallahassee, 32301

FL
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.


Thanya Gonzalez, Assistant Secretary
(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

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The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COUNTRY-WIDE INDEPENDENT EXAMS, 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 SEVENTEENTH DAY OF DECEMBER, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "COUNTRY-WIDE INDEPENDENT EXAMS, LLC" WAS FORMED ON THE THIRTIETH DAY OF SEPTEMBER, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

3709971 8300

071327641



Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6242014

DATE: 12-17-07