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PICK-UP	WAIT	MAIL	
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Certified Copies	_ Certificates	s of Status	
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SECRETARY OF STATE OF STATE OF CORPORATIONS

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J. BRYAN

JAN - 8 2008

EXAMINER

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: ACCESS MD, LLC		
	mited Liability Company)	
The enclosed "Application by Foreign Limited L Florida," Certificate of Existence, and check are liability company to transact business in Florida.	submitted to register the above referenced fore	
Please return all correspondence concerning this	matter to the following:	
SALLY A. WILSON		_
(1	Name of Person)	
ACCESS MD, LLC		및
(I	Firm/Company)	rystic
15205 WHITE COLUMN	S DRIVE	08 JAN -7
	(Address)	2 2
	0004 State and Zin Code)	OF STATE OF STATIONS REPORATIONS
(City/	State and Zip Code)	
For further information concerning this matter, p	blease call:	
SALLY A. WILSON	at (404) 433-6648	_
(Name of Person)	(Area Code & Daytime Telephone Num	ber)
MAILING ADDRESS: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
Enclosed is a check for the following amount: \$\sum \\$125.00 \text{ Filing Fee} \sum \\$130.00 \text{ Filing Fee} \text{Certificate}\$, Certificate & Certified Copy



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 19, 2007

SALLY A. WILSON ACCESS MD, LLC 15205 WHITE COLUMNS DRIVE MILTON, GA 30004

SUBJECT: ACCESS MD, LLC Ref. Number: W07000061211



We have received your document for ACCESS MD, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a foreign limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations. Therefore, the limited liability company must select an alternate name for use in the state of Florida. Also, please note that adding "of Florida" or "Florida" to the end of the name is not acceptable.

Please insert the alternate name in the space provided on the application form. You must also attach a copy of the written consent ofthe managers or managing members adopting the alternate name for Florida. For your convenience, we are enclosing a fill-in-the-blank form for you to complete and return to our office for processing.

The alternate name must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The word "Limited"may be abbreviated as "Ltd." and the word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable limited liability company suffixes in Florida: "Limited Company," "L.C.," and "LC."

The document number of the name conflict is #L02000005556, ACCESSMD, P.L..

Please list the complete principal's office address.

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) 245-6043.

Joey Bryan Regulatory Specialist II

Letter Number: 807A00070755

SECRETARY OF STATE SECRETARY OF CORPORATIONS

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WRITTEN CONSENT TO ADOPT ALTERNATE NAME FOR USE IN THE STATE OF FLORIDA

We, the undersigned, do hereby certify that we are the Managers and/or Managing		
Members of ACCESS MD, LLC (Name of Limited Liability Company)	_,	
a limited liability company duly organized and existing under the laws of		
(State or Country of Organization)		
Because the name of this foreign limited liability company does not satisfy the		
requirements of the s. 608.406, F.S., the limited liability company hereby adopts the	Э	
following name to transact business in the state of Florida: COESS MD OF COORGIA LLC	·	
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	B JAN	SECRET
	-7 PH	FILED F CORP
	PH 4: 08	STATE ORATION

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 RUSINESS IN THE STATE OF FLORIDA

	INITAINI TO FRAINSACT BOSINE	WITHE SIA	TEOF FLORIDA.			
1. ACCESS M	D, LLC					
(Name of Forei	gn Limited Liability Company; ACCESS MI	must include " OF (Limited Liability Compa DEORGIA LL	iny," "L.L.C.," or "LL	C.")	_
	enter alternate name adopted for rs or managing members adopti 'LLC.")					
2. GEORGIA (Jurisdiction under to company is organized)	he law of which foreign limited		26-0714265 (FEI numb	er, if applicable)		
4. AUGUST 3,			PERPETUAL (Duration: Year limited exist or "perpetual")	liability company will	cease to	_
6	(Date first transacted bus	iness in Florida	, if prior to registration.			
7156	(See sections 608.501 & 60 NHTE O	08.502 F.S. 16 6	JS DRIVE	ý) 	80 8 14 16	
	MILTON, (Stre	et Address of P	3000+		JAX -	经工
8. If limited liabili	ty company is a manager-		· ·	ĵ	7 PM	CORP SI
	isual business addresses of	f the managir	ng members or mana	gers are as follows	f: 08	ATIONS
STEVE R.	WILSON					_
15205 WHI	TE COLUMNS DR	IVE				_
MILTON, G	SA 30004		<u> </u>			_
the jurisdiction under th	nal certificate of existence, no mo ne law of which it is organized. (A cate under oath of the translator m	A photocopy is r	not acceptable. If the certif			cords ir
11. Nature of busi	ness or purposes to be con	ducted or pro	omoted in Florida: _			_
EDUCATIO	NAL SERVICES					
	/ >					
	Signature of a member (In accordance with section 6) an affirmation under the pena	08,408(3), F.S., t	he execution of this docum	ent constitutes		

Typed or printed name of signee

STEVE R. WILSON

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:	
ACCESS MD, LLC	
If name unavailable, the alternate name to be used in the state of Florida is: ACCESS MD OF GEORGIA, LLC	
2. The name and the Florida street address of the registered agent and office are:	
BILL CLUTTER (Name)	SECRETAL SECRETAL VISION OF
1200 BRICKELL BAY DRIVE	7 PN
Florida Street Address (P.O. Box NOT ACCEPTABLE)	TATE NATIONS
MIAMI, FLORIDA 33131 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.

(Signature)

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

Control No. 07066269

STATE OF GEORGIA

Secretary of State

Corporations Division
315 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Karen C Handel, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

ACCESS MD, LLC

Domestic Limited Liability Company

was formed or was authorized to transact business on 08/03/2007 in Georgia. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 14th day of December, 2007

Karen C Handel Secretary of State

Kaun C. Handel

Certification Number: 1928956-1 Reference:

Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify.asp