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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer;	
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TO ACKNOVLEDGE
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DEPARTMENT OF STATE CONTORATIONS

B. KOHR
NOV **3 0** 2010

**EXAMINER** 

10 NOV 30 PM 1: 36



ACCOUNT NO. : I2000000195

REFERENCE

591342 7793807

AUTHORIZATION

COST LIMIT

ORDER DATE: November 29, 2010

ORDER TIME : 8:57 AM

ORDER NO. : 591342-005

CUSTOMER NO: 7793807

### FOREIGN FILINGS

NAME: MED3000 PRACTICE RESOURCES,

LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

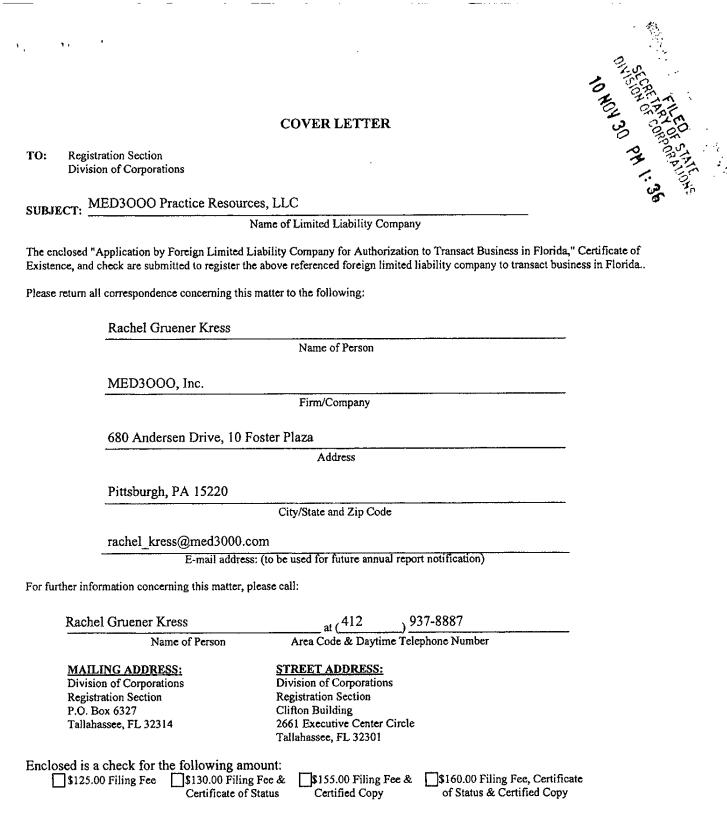
XX PLAIN STAMPED COPY

CONTACT PERSON: Kimberly Moret -- EXT# 2949

EXAMINER:

#### **COVER LETTER**

TO: Registration Section Division of Corporations



## 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

1 MED3000 Practice Resources, LLC	NIVESS IN THE STATE OF FLORIDA:	
	any; must include "Limited Liability Company," "L.L.C.," o	or "LLC.")
	d for the purpose of transacting business in Florida and attaclopting the alternate name. The alternate name must include  3. 26-4693155  (FEI number, if applicable)  5. perpetual  (Duration: Year limited liability companexist or "perpetual")  business in Florida, if prior to registration.)  608.502 F.S. to determine penalty liability)	ch a copy of the written "Limited Linbility
2. Delaware	3. 26-4693155	
(Jurisdiction under the law of which foreign lim company is organized)	ited liability (FEI number, if applicable)	O
4. 4/17/2009	5. perpetual	6 Neg
(Date of Örganization)	(Duration: Year limited liability compan exist or "perpetual")	y will cease 9
5. 11/2/2010		30 CO
(Date first transacted (See sections 608.501 &	business in Florida, if prior to registration.)  608.502 F.S. to determine penalty liability)	PA PA
7. 680 Andersen Drive, 10 Foster Plaza		
Pittsburgh, PA 15220		•
(S	Street Address of Principal Office)	
3. If limited liability company is a manage	er-managed company, check here 🔀	
9. The name and usual business addresses	s of the managing members or managers are as fol	llows:
See attached sheet		
		<del></del>
<del>-</del>	more than 90 days old, duly authenticated by the official havir 1. (A photocopy is not acceptable. If the certificate is in a forei	
ranslation of the certificate under oath of the translator	` - • · · ·	gri ming <i>ange</i> , a
1. Nature of business or purposes to be c	conducted or promoted in Florida: management se	rvices for
medical practices		
	- Cer	
Signature of a mem	her or an authorized representative of a member	

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. 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.)

Robert C. Gallo, Vice President and Secretary MED3OOO, Inc.

Typed or printed name of signee

## 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:	
MED3000 Practice Resources, 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	e are:
Corporation Service Company	
(Name)	
1201 Hays Street	
Florida Street Address (P.O. Box NOT ACCEPTABLE)	
Tallahassee FL 32301 City/State/Zip	
City/State/Zip	
Having been named as registered agent and to accept service of process for the liability company at the place designated in this certificate, I hereby accept the agent and agree to act in this capacity. I further agree to comply with the pro-	e appointment as registered visions of all statutes
relating to the proper and complete performance of my duties, and I am famili obligations of my position as registered agent as provided for in Chapter 608, Corporation Service Company	-
By: (Signature)  Dena L. Priebe, Assistant VP	_
\$ 100.00 Filing Fee for Application	
\$ 25.00 Designation of Registered A \$ 30.00 Certified Copy (optional)	gent
\$ 5.00 Certificate of Status (optiona	1)

## **MED3000 Practice Resources, LLC**

Managers:

Robert C. Gallo 680 Andersen Drive, 10 Foster Plaza, Pittsburgh, PA 15220

Patrick V. Hampson 680 Andersen Drive, 10 Foster Plaza, Pittsburgh, PA 15220

Stephen R. Newman 13737 Noel Road, Suite 100, Dallas, TX 75240

Scott Richardson 13737 Noel Road, Suite 100, Dallas, TX 75240

Gary Ruff 13737 Noel Road, Suite 100, Dallas, TX 75240

Richard Schickler 680 Andersen Drive, 10 Foster Plaza, Pittsburgh, PA 15220

## Delaware

PAGE 1

## The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "MED3000 PRACTICE RESOURCES, 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-NINTH DAY OF NOVEMBER, A.D.

2010.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MED3000 PRACTICE RESOURCES, LLC" WAS FORMED ON THE SEVENTEENTH DAY OF APRIL, A.D. 2009.

4677863 8300

101127850

Jeffrey W. Butlock, Secretary of State
AUTHENTICATION: 8382773

DATE: 11-29-10

You may verify this certificate online at corn delaware gov/suthwer.shtml