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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

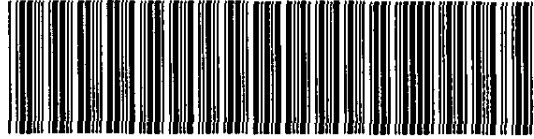
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Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 15, 2016

CHRIS SUELING
1501 YAMATO ROAD, SUITE 200 WEST
BOCA RATON, FL 33431

SUBJECT: UNIFIED WOMEN'S CLINICAL RESEARCH, LLC
Ref. Number: W16000019394

We have received your document for UNIFIED WOMEN'S CLINICAL RESEARCH, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

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) 245-6051.

Stacey M Mason
Regulatory Specialist II

Letter Number: 416A00005358

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: UNIFIED WOMEN'S CLINICAL RESEARCH, LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

CHRIS SUELING
Name of Person
UNIFIED WOMEN'S CLINICAL RESEARCH, LLC
Firm/Company
1501 YAMATO ROAD SUITE 200 WEST
Address
BOCA RATON, FLORIDA, 33431
City/State and Zip Code
chris.sueling@unifiedhc.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CECILE NOVAK at (561) 300-2410 ext. 131
Name of Contact Person Area Code Daytime Telephone Number

MAILING ADDRESS:
Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- \$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status \$155.00 Filing Fee & Certified Copy \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. UNIFIED WOMEN'S CLINICAL RESEARCH, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Delaware (Jurisdiction under the law of which foreign limited liability company is organized)
3. 32-0444549 (FEI number, if applicable)

4. 10/16/2015 (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1501 YAMATO ROAD SUITE 200 WEST BOCA RATON, FL, 33431 (Street Address of Principal Office)

6. 1501 YAMATO ROAD SUITE 200 WEST BOCA RATON, FL, 33431 (Mailing Address)

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TAMM STREET
FLORIDA

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: KENNETH LONSKER (OPM SERVICE CORP)
Office Address: 660 GLADES ROAD, STE 340 BOCA RATON, Florida 33431

Registered agent's acceptance:
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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Handwritten signature of Kenneth Lonsker, M.D.

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
CHRIS SUELING - CHIEF OPERATING OFFICER
ALLAN BOSHELL - CHIEF GROWTH OFFICER

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

Handwritten signature of Allan Bosshell
Signature of an authorized person

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

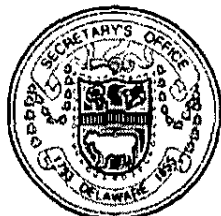
ALLAN BOSHELL
Typed or printed name of signer

Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "UNIFIED WOMEN'S CLINICAL RESEARCH, 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 FOURTH DAY OF MARCH, A.D. 2016.




Jeffrey W. Bullock, Secretary of State

5514786 8300

SR# 20161449636

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 201931826

Date: 03-04-16