

Document Number Only

M97000 000436

C T CORPORATION SYSTEM

Requestor's Name

660 East Jefferson Street

Address

Tallahassee, Florida 32301

City

State

Zip

Phone

CORPORATION(S) NAME

100002247661--7

-07/25/97--01040--011

*****35.00 *****35.00

97 JUL 23 PM 12:39
FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS

Prime Call Two, LLC

100002247661--7

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*****250.00 *****250.00

☐ Profit

☐ NonProfit

☐ Amendment

☐ Merger

☒ Limited Liability Company

☐ Dissolution/Withdrawal

☐ Mark

☒ Foreign

☐ Limited Partnership

☐ Annual Report

☐ Other

☐ Reinstatement

☐ Reservation

☐ Change of R.A.

☐ Limited Liability Partnership

☐ Fictitious Name

☐ Certified Copy

☐ Photo Copies

☐ CUS

☐ Call When Ready

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☐ After 4:30

☒ Walk In

☐ Will Wait

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CR2E031 (1-89)

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C. COPY 35
TOTAL 285
N. BANK _____
BALANCE DUE. _____
REFUND _____

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97 JUL 23 AM 11:31
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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 LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS
IN THE STATE OF FLORIDA:

1. Prime Care Two, LLC
(Name of foreign limited liability company must end with the words "limited company" or their abbreviation
"L.C." if not so contained in the name at present.)

2. Indiana
(Jurisdiction under the law of which foreign limited liability
company is organized)

3. 35-2016922
(FEI number, if applicable)

4. May 5, 1997
(Date of Organization)

5. Perpetual
(Duration: Year limited liability company will cease to exist
or "perpetual")

6. Not yet done so
(Date first transacted business in Florida. (See sections 608.501, 608.502 and 817.155, F.S.))

7. 1 North Pennsylvania Street, Suite 930
Indianapolis, IN 46204-3114
(Street address of principal office)

8. List and indicate in title space provided the name, title, and business address of each managing
member [MGRM] or manager [MGR]. It is not necessary to list members.
(attach additional page if necessary)

NAME & ADDRESS:	TITLE:	NAME & ADDRESS:	TITLE:
<u>Jay L. Hicks</u>	<u>Mgr.</u>	<u>Robert N. Davies</u>	<u>Mgr.</u>
<u>1 North Pennsylvania St.</u>		<u>1 North Pennsylvania St.</u>	
<u>Suite 930</u>		<u>Suite 930</u>	
<u>Indianapolis, IN 46204-3114</u>		<u>Indianapolis, IN 46204-3114</u>	
<u>Arnold M. Whitman</u>	<u>Mgr.</u>	<u>Thomas E. Phillippe, Jr.</u>	<u>Mgr.</u>
<u>2395 Sandy Creek Farm Rd.</u>		<u>Double T Ranch</u>	
<u>Alpharetta, GA 30201</u>		<u>Rt. 2 Box 1244</u>	
		<u>Utopia, TX 78884</u>	

Filing Fee: \$ 52.50 for Application

FILED IN STATES
SECRETARY OF CORPORATIONS
JUL 23 PM 12:23
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**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 IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

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1. The name of the limited liability company is: Prime Care Two, LLC

2. The name and address of the registered agent and office is:

C T CORPORATION SYSTEM
(Name)

c/o C T CORPORATION, 1200 South Pine Island Road,
(P.O. Box not acceptable)

Plantation, Florida 33324
(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.

C T CORPORATION SYSTEM

Connie Bryan
(Signature)

7/23/97
(Date)

**CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY**


FILING FEE: \$ 35 for Designation of Registered Agent

**AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN
LIMITED LIABILITY COMPANY**

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97 JUL 23 PM 12:39

The undersigned member or authorized representative of a member of Prime Care Two,
LLC deposes and says:

- 1) the above named limited liability company has at least two members
- 2) the total amount of cash contributed by the member(s) is \$ -0-
- 3) if any, the agreed value of property other than cash contributed by member(s) is
\$ -0-. A description of the property is attached and made a part hereto.
- 4) the total amount of cash or property anticipated to be contributed by member(s) is
\$ 6,300,000.00. This total includes amounts from 2 and 3 above.



Signature of a member or authorized representative of a member.
(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit
constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Filing Fee: \$52.50 for Affidavit

STATE OF INDIANA
OFFICE OF THE SECRETARY OF STATE

CERTIFICATE OF EXISTENCE

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DIVISION OF CORPORATIONS
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To Whom These Presents Come, Greeting:

I, SUE ANNE GILROY, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the limited liability company records and the proper official to execute this certificate.

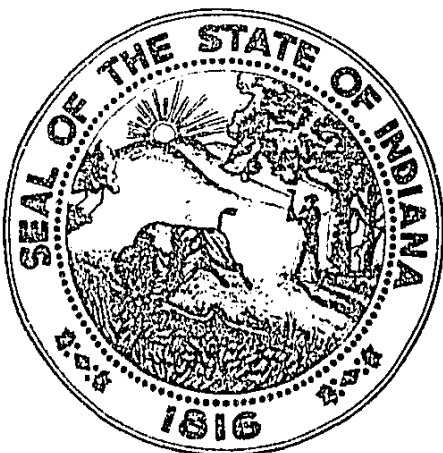
I further certify that records of this office disclose that

PRIME CARE TWO, LLC

filed Articles of Organization effective May 05, 1997, and is a limited liability company duly organized and existing under the laws of the State of Indiana.

I further certify this limited liability company has filed its most recent annual report required by Indiana law with the Secretary of State, or is not yet required to file such annual reports, and that Articles of Dissolution have not been filed.

In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the City of Indianapolis, this Eighteenth day of July, 1997.



Sue Anne Gilroy
SUE ANNE GILROY, Secretary of State *KT*
Deputy