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Thomas F. Gallagher J. Richard McEntee, Jr.

June 15, 1998

300002566843--2 -07/02/98--01043--001 \*\*\*\*145.00 \*\*\*\*145.00

300002566843--2 -06/19/38--01133--001 \*\*\*\*148.75 \*\*\*\*148.75

Florida Department of State Qualification/Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re:

Registration of Bayside Health Group, L.L.C.

Our File No. 3231-01

Dear Sir or Madam:

Enclosed please find fully executed documents to register Bayside Health Group, L.L.C., a Washington Limited Liability Company, to transact business in the State of Florida. Also enclosed is a Certificate of Good Standing from the State of Washington, as well as my office's check in the amount of \$148.75.

If you need additional information or have specific questions regarding this application, please feel free to call me.

Very truly you

JRM/jd Enclosures cc: client c:\docs\jrm\bayside\fiorida.101 J. Richard McEntee, Jr.

Name
Availability

Document
Examiner

Updater

Ucater
Verifyer

Acknowledgement

W. P. Verifyer

SECRETARY OF STATE
DIVISION OF CORPORATIONS

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#### FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

June 22, 1998

J. RICHARD MCENTEE, JR. SMITH ALLING LANE 1102 BROADWAY PLAZA, #403 TACOMA, WA 98402

SUBJECT: BAYSIDE HEALTH GROUP, L.L.C.

Ref. Number: W98000014230

We have received your document for BAYSIDE HEALTH GROUP, L.L.C. and your check(s) totaling \$148.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective April 23, 1997, the fees to qualify a foreign limited liability company total \$285.00 and breakdown as follows: \$250.00 filing fee for the application and affidavit and \$35 registered agent designation fee. An additional \$52.50 is due for each certified copy requested and an additional \$8.75 is due for each certificate of status requested.

There is a balance due of \$145.00.

The document must contain both the street address of the principal office and the mailing address of the limited liability company.

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) 487-6967.

Michelle Hodges Document Specialist

Letter Number: 798A00034211

SECRETARY OF STATE
DIVISION OF CORPORATIONS

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## 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:

(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.)

Bayside Health Group, L.L.C.

State of Washington (Jurisdiction under the law of which foreign company is organized)	n limited liability 3	601-869-624 (FEI number, if appl	icable)
April 16, 1998 (Date of Organization)	5		npany will cease to
May 1, 1998			
(Date first transacted busine	ess in Florida. (See se	ections 608,501, 608.502, and 817.155	5, F.S.)
2008 Sullivan Drive			
Gig Harbor WA 98335	_ 15 ' 10' 1 5	to the second of	
	(Street address of p	orincipal office)	
List name, title, and business address will manage the foreign limited liabil  NAME & ADDRESS:			necessary)
		NAME & ADDRESS:	TITLE:
		NAME & ADDRESS:	TITLE:
Raymond B. Peirce, J 2008 Sullivan Drive Gig Harbor, WA 98335	Ir. merm	NAME & ADDRESS:	
Raymond B. Peirce, 3	Ir. merm	NAME & ADDRESS:	TITLE:  - 98 J
Raymond B. Peirce, 3	Ir. merm	NAMIE & ADDRESS:	
Raymond B. Peirce, 3	Ir. merm	NAMIE & ADDRESS:	
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<sup>9.</sup> Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the Secretary of State or the proper official having custody of records in the state 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.)

### STATE of WASHINGTON



## SECRETARY of STATE

I, RALPH MUNRO, Secretary of State of the State of Washington and custodian of its seal,
hereby issue this

#### CERTIFICATE OF EXISTENCE/AUTHORIZATION

OF

#### BAYSIDE HEALTH GROUP, L.L.C.

I FURTHER CERTIFY that the records on file in this office show that the above named limited liability company was formed under the laws of the State of Washington and was issued a Certificate of Formation in Washington on April 16, 1998.

I FURTHER CERTIFY that as of the date of this certificate, no Articles of Dissolution

have been filed, and that the limited liability company is duly authorized to transact business in the limited liability company form in the State of Washington.

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Date: June 9, 1998

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital



SECRETARY OF STATE DIVISION OF GORPORATIONS

# 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:
	Bayside Health Group, L.L.C.
2.	The name and the Florida street address of the registered agent and office are:
	Raymond B. Peirce, Jr.  (Name)
	9371 US. Highway 19 North Suite D  Florida street address (P.O. Box NOT ACCEPTABLE)
	Pinellas Park FL 33782
	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.

(Signature)

Filing Fee: \$ 35 for Designation of Registered Agent

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

The undersigned member or authorized representative of a member of <u>Bayside</u> . Heal	th Group, L. L. C
certifies:	
1) the above named limited liability company has one member,	
2) the total amount of cash contributed by the member is	\$_1,000,000.00
3) if any, the agreed value of property other than cash contributed by member(s) is (A description of the property is attached and made a part hereto.) and	<b>\$</b> ;
4) the total amount of cash and property contributed and anticipated to be contributed by member(s) is  (This total includes amounts from 2 and 3 above.)	\$1,000,000.00
Laymond Shewid	- : · ·
Signature of a member or an anthorized representative of a mem (in accordance with section 608.408(3)), Florida Statistes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)	ber. SECRETAR DIVISION OF 1
Raymond B. Peirce, Jr.  Typed or printed name of signee	CORPORATION 2 PN 1: 42

Filing Fee: \$250,00 for Application and Affidavit