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CORPORA	TION(S) NAME			
Palatka Emergency	Sorvices, LLC		SECRETARY U TALLAHASSEE	9 JUL - P
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W.P. Verifler

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:

. Palatka Emergency Services, LLC			
(Name of foreign limited liability company n so contained in the name at present.)	nust end with the wo	rds "limited company" or their a	bbreviation "L.C." if not
. North Carolina	3.		
(Jurisdiction under the law of which foreign company is organized)	limited liability	(FEI number, if app	olicable)
. June 16, 1999 (Date of Organization)	5	December 31, 2048 (Duration; Year limited liability	v company will cease to
(Date of Organization)	;	exist or "perpetual")	-
. Upon Filing			
(Date first transacted business	in Florida. (See secti	ons 608.501, 608.502, and 817.15	55, F.S.)
. 2828 Croasdaile Drive			
. Zozo croasaario Direc.			
Durham, North Carolina 27705			
	(Street address of pr	incipal office)	
•			
		ng member $[MGRM]$ or m	anager[MGR]who
List name, title, and business address	s of each managi	ng member[westavi] or in	muagor[intern]
List name, title, and business address will manage the foreign limited liabil	s of each managi lity company in l	Florida: (attach additional	page if necessary)
List name, title, and business address will manage the foreign limited liabil NAME & ADDRESS:	s of each managi lity company in l	Florida: (attach additional NAME & ADDRESS:	page if necessary)
will manage the foreign limited liabil	lity company in l	Florida: (attach additional	page if necessary)
will manage the foreign limited liabil	lity company in l	Florida: (attach additional	page if necessary)
will manage the foreign limited liabil NAME & ADDRESS:	lity company in l	Florida: (attach additional	page if necessary)
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will manage the foreign limited liabil NAME & ADDRESS:	lity company in l	Florida: (attach additional	page if necessary) TITLE: 99 JUL -1
will manage the foreign limited liabil NAME & ADDRESS:	lity company in l	Florida: (attach additional	page if necessary) TITLE: 99 JUL -1
will manage the foreign limited liabil NAME & ADDRESS:	lity company in l	Florida: (attach additional	page if necessary) TITLE: SECRETARY FALLAHASSE
will manage the foreign limited liabil NAME & ADDRESS:	lity company in l	Florida: (attach additional	page if necessary) TITLE: 99 JUL -1
will manage the foreign limited liabil NAME & ADDRESS:	lity company in l	Florida: (attach additional	page if necessary) TITLE: 99 JUL -1 PH 3: 1 FLORE ARY OF 31A1
will manage the foreign limited liabil NAME & ADDRESS:	lity company in l	Florida: (attach additional	page if necessary) TITLE: SECRETARY OF STATE TALLAMASSEE, FLORE
will manage the foreign limited liabil NAME & ADDRESS:	lity company in l	Florida: (attach additional	page if necessary) TITLE: 99 JUL -1 PH 3: 1 ALLAHASSEE, FLORI
will manage the foreign limited liabil NAME & ADDRESS:	lity company in l	Florida: (attach additional	page if necessary) TITLE: 99 JUL -1 PH 3: 1 FLORE ARY OF \$1A1
will manage the foreign limited liabil NAME & ADDRESS:	lity company in l	Florida: (attach additional	page if necessary) TITLE: SECRETARY OF STATE TALLAMASSEE, FLORE
will manage the foreign limited liabil NAME & ADDRESS:	lity company in l	Florida: (attach additional	page if necessary) TITLE: 99 JUL -1 PH 3: 1 FLORE ARY OF \$1A1

^{9.} 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 in in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

The member or authorized representative of a member of PALATKA	•	
EMERGENCY SERVICES, LC certifies:		
1) the above named limited liability company has at least one member;	,	
2) the total amount of cash contributed by the member(s) is	\$ <u>100.00</u> ;	
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	\$ <u>0</u> 00.00;	
4) the total amount of cash and property contributed and anticipated to be contributed by member(s) is	\$ <u>100.00</u>	
(This total includes amounts from 2 and 3 above.)		
SHG/PHYAMERICA PHYSICIAN SERVICES, INC.		
By: Eugent Dandent		
Signature of a member or an authorized representative of a mem (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.)	iber.	
EUGENE F. DAUCHERT JR	SECKE SALLAN	
Typed or printed name of signee	-1 PM 3: 19 ARY OF STATE ASSEE, FLORIDA	

Filing Fee: \$250.00 for Application and Affidavit

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.

STATE OF FLORIDA.			
1. The name of the Limited Liability Company is:			
Palatka Emergency Services, LLC			
2. The name and the Florida street address of the registered agent and office are:			
C T Corporation System			
(Name)	-		
1200 South Pine Island Road	SECR	JI 66	
Florida street address (P.O. Box NOT ACCEPTABLE)	AHASSEE	JL F	1

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.

City/State/Zip

By: (Signature)

Plantation, Florida

ALLAN FARNELL
ASSISTANT SECRETARY
Filing Fee: \$ 35 for Designation of Registered Agent

Rider to Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida

8. List name, title, and business address of each managing member or manager who will manage the foreign limited liability company in Florida:

Name: Address: Title:

SHG/PhyAmerica 2828 Croasdaile Drive Member and Manager

Physician Services, Durham, North Carolina 27705

Inc. Durnam, North Carolina 2770.

99 JUL - 1 PM 3: | S SECRETARY OF STAIL TALLAHASSEE, FLORID



Department of The Secretary of State

CERTIFICATE OF EXISTENCE (Limited Liability Company)

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

PALATKA EMERGENCY SERVICES, LLC

is a limited liability company duly formed under the laws of the State of North Carolina, having been formed on the 16th day of June, 1999, with its period of duration ending DEC 2048.

I FURTHER certify that the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act; and that the said limited liability company has not filed articles of dissolution as of this date of this certificate.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 24th day of June, 1999.

Elaine I. Marshall

Secretary of State