00000/007 Document Number Ç 700002920967--6 -07/01/99--01068--005 C T CORPORATION SYSTEM \*\*\*\*105.00 \*\*\*\*\*8.75 Requestor's Name 660 East Jefferson Street 700002920967—6 -07/01/99--01065--020 Address (850)222-1092 32301 Tallahassee, FL \*\*\*\*285.00 \*\*\*\*285.00 Phone Zip State City CORPORATION(S) NAME Sorvices, 1 () Profit () Merger () Amendment () NonProfit Chimited Liability Company () Mark () Dissolution/Withdrawal (A) Foreign () Other () Annual Report () Limited Partnership () Change of R.A. () Reservation () Reinstatement () Fictitious Name () Limited Liability Partnership X CUS () Photo Copies () Certified Copy () After 4:30 () Call if Problem () Call When Ready ⟨⟨⟩ Pick Up () Will Wait Walk In () Mail Out Name PLEASE RETURN EXTRA COPY(S Availability FILE STAMPED THANKS Document Examiner JOEY Updater Verifier

Acknowledgment

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:

orth Carolina	3.	Applied For	
isdiction under the law of which foreign pany is organized)		( FEI number, if applicab	le)
June 15, 1999	5.	December 31, 2048	
(Date of Organization)	;	(Duration: Year limited liability corexist or "perpetual")	npany will cease to
Upon Filing		600 501 600 502 and 917 155 E	2)
(Date first transacted business	in Florida. (See secti	ons 608.501, 608.502, and 817.155, F.	.s.,
2828 Croasdaile Drive			<u> </u>
Durham, North Carolina 27705	(Street address of pr	ncinal office)	
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st name, title, and business address ill manage the foreign limited liabil	s of each managi lity company in l	ng member[MGRM] or mana Florida: (attach additional pag	e if necessary)
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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	
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><b>0</b>00.00</u> ;
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.)	\$ 100.00
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 UR	111V1 125 170 170 170 170 170 170 170 170 170 170
Typed or printed name of signee	FILED UL-1 PM I

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.

1. The name of the Limited Liability Company is:

	Company is.	
	Sanford 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  Florida street address (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.

(0:-----

ALLAN FARNELL ASSISTANT SECRETARY

Filing Fee: \$ 35 for Designation of Registered Agent

99 JUL -1 PM 4: 51
SECRETARY OF STATE
AND ANASSEE, FLORIDA

# 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

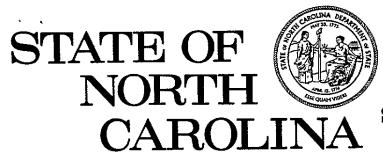
Durham, North Carolina 27705

Member and Manager

Physician Services,

Inc.

99 JUL - 1 PM 4: 51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



### 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

#### SANFORD EMERGENCY SERVICES, LLC

is a limited liability company duly formed under the laws of the State of North Carolina, having been formed on the 15th 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