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840412157500-C

March 22, 2001

CORPORATION NAME (S) AND DOCUMENT NUMBER (S):

OSSATRON SERVICES OF SOUTHWEST FLORIDA, L.P.

Filing Evidence

☒ Plain/Confirmation Copy

☐ Certified Copy

Type of Document

☐ Certificate of Status

☐ Certificate of Good Standing

☐ Articles Only

☐ All Charter Documents to Include
Articles & Amendments

☐ Fictitious Name Certificate

☐ Other

Retrieval Request

☐ Photocopy

☐ Certified Copy

NEED TODAY

LP- 1,575

100003892961--7

-03/22/01--01067--010

***1575.00 ***1575.00

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non Profit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of RA Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Reports
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation
<input type="checkbox"/>	Reinstatement

REGISTRATION/QUALIFICATION	
<input checked="" type="checkbox"/>	Foreign Limited Partnership
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

RECEIVED
01 MAR 22 AM 11:08
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

3K

3/22

APPLICATION BY FOREIGN LIMITED PARTNERSHIP FOR
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

1. OssaTron Services of Southwest Florida, L.P.
(Name of limited partnership as it is in the home state)
2. _____
(If name is unavailable, name under which the limited partnership proposes to register or transact business in Florida;
must contain the word "LIMITED" or "LTD.")

3. Delaware 4. March 13, 2001
(State of Formation) (Date of Formation)

5. NRAI Services, Inc.
(Name of Registered Agent for Service of Process)

6. 526 East Park Avenue
(Street Address of Registered Office)

- Tallahassee, Florida 32301
(City) (Zip Code)

7. Acceptance by the Registered Agent for Service of Process:

Butt P. Gane
(Agent must sign on this line)

8. 1841 West Oak Parkway, Suite A, Marietta, Georgia 30062

(Address of registered office required in state of formation or, if not required, address of principal office.)

9. NAMES OF GENERAL PARTNERS STREET ADDRESS

HT Orthotripsy Management
Company, LLC

1841 West Oak Parkway, Suite A, Marietta, GA 30062

MODU00002456

10. 1841 West Oak Parkway, Suite A, Marietta, Georgia 30062
(Office where Names, Addresses and Contributions of Limited Partners are kept.)

11. The limited partnership will undertake to keep the records listing the addresses and capital contributions of the limited partner or limited partners until the limited partnership's registration in Florida is canceled or withdrawn.

CONTINUED

FILED
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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

12. 1841 West Oak Parkway, Suite A, Marietta, Georgia 30062

(Mailing Address of Limited Partnership)

Under penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Signed this 19 day of March, 2001.

Roy S. Brown,
President

General Partner

STATE OF GEORGIA

COUNTY OF COBB

On this 19th day of March, 2001.

Roy S. Brown, personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____

Lisa McCommon
(Notary Public Signature)

Lisa McCommon
(Notary's Printed Name)

Seal

My Commission Expires: Notary Public, Douglas County, Georgia
My Commission Expires April 20, 2002

FILED
01 MAR 22 PM 4:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

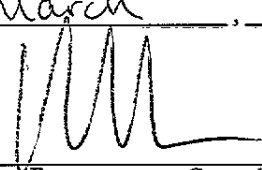
**AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED
PARTNERSHIP**

BEFORE ME the undersigned personally appeared Roy S. Brown, President of HT Orthotripsy
a general partner of OssaTron Services of Southwest ^{Management Company, LLC} a ~~(an)~~ Delaware
Florida, L.P.
limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

1. The amount of capital contributions of the limited partners is \$ 0.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes
transacting business in Florida is \$ 220,000.00

*Under the penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and
that the facts stated herein are true and correct.*

Signed this 19 day of March, 2001.



Roy S. Brown, General Partner
President

STATE OF GEORGIA

COUNTY OF COBB

On this 19th day of March, 2001,

Roy S. Brown, personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____



(Notary Public Signature)

Lisa McCommon

(Notary's Printed Name)

Seal

My Commission Expires: My Commission Expires April 20, 2002
Notary Public, Douglas County, Georgia

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