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Account Name : C T CORPORATION SYSTEM  
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## FOREIGN LIMITED PARTNERSHIP

Orthotripsy Services of South Florida, LP

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*Handwritten signature/initials*

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

1. Orthotripsy Services of South Florida, LP  
(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. 9/9/2003  
(State of Formation) (Date of Formation)
5. C T Corporation System  
(Name of Registered Agent for Service of Process)
6. c/o C T Corporation System, 1200 South Pine Island Road  
(Street Address of Registered Office)
- Plantation Florida 33324  
(City) (Zip Code)
7. Acceptance by the Registered Agent for Service of Process:  
C T Corporation System  
By: [Signature] **Allan Farnell, vice president**  
(Agent must sign on this line)
8. c/o The Corporation Trust Company, Corporation Trust Center, 1209 Orange Street, Wilmington, DE 19801.  
(Address of registered office required in state of formation or, if not required, address of principal office.)
- | 9. NAMES OF GENERAL PARTNERS                  | STREET ADDRESS  |
|---|---|
| <u>HT Orthotripsy Management Company, LLC</u> | <u>1841 West Oak Parkway, Suite A, Marietta, GA 30062</u> |
| <u>100000002456</u>                           |   |
|   |   |
|   |   |
10. HT Orthotripsy Management Company, LLC, 1841 West Oak Parkway, Suite A, Marietta, GA 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of the limited partner or limited partners until the limited partnership's registration in Florida is canceled or withdrawn.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

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12. HT Orthotripsy Management Company, LLC, 1841 West Oak Parkway, Suite A, Marietta, GA 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 17<sup>th</sup> day of September, 2003

HT Orthotripsy Management Co., LLC  
By: Ted S. Biderman  
General Partner

STATE OF Georgia

COUNTY OF Cobb

On this 17<sup>th</sup> day of September, 2003

Ted S. Biderman, personally appeared before me,

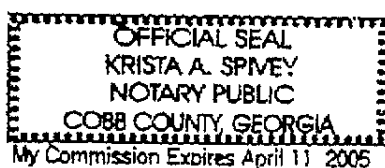
☒ who is personally known to me

☐ whose identity I proved on the basis of \_\_\_\_\_

Krista A. Spivey  
(Notary Public Signature)

Krista A. Spivey  
(Notary's Printed Name)

Seal My Commission Expires: 4/11/2005



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

BEFORE ME the undersigned personally appeared Ted S. Biderman  
a general partner of Orthotripsy Services of South Florida, LP, a (an) Delaware  
limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

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

*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 17<sup>th</sup> day of September, 2003.

HT Orthotripsy Management Co., LLC  
By: Ted S. Biderman  
General Partner

STATE OF Georgia  
COUNTY OF Cobb

On this 17<sup>th</sup> day of September, 2003.

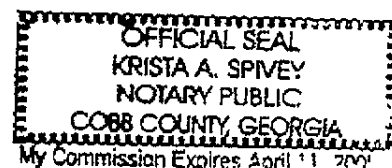
Ted S. Biderman, personally appeared before me,

- ☒ who is personally known to me  
☐ whose identity I proved on the basis of \_\_\_\_\_

Krista A. Spivey  
(Notary Public Signature)

Krista A. Spivey  
(Notary's Printed Name)

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