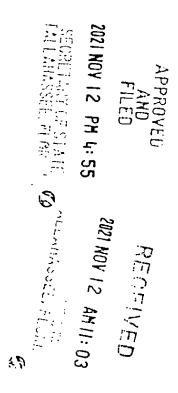
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K. Brumbley

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

D	ate:	11/12/2021	
		Acc#I20160000072	a: DW
Name:	HealthTron	ics Group, L.P.	-
Document #:			
Order #:	13981906		
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of Apostille/Notarial Certification:		Country of Destination: Number of Certs:	
Availability Document Examiner Updater	Certified Plain: COGS: Amount:		
Verifier W.P. Verifier Ref#			

Thank you!

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: HealthTronics Group, L.I	
Name of Foreign	imited Partnership or Limited Liability Limited Partnership
The enclosed application, certificate of partnership to transact business in Flor Please return all correspondence conce	
Billie Westbrook	
Contact Pe	son
HealthTronics, Inc.	
Firm/Com	any
9825 Spectrum Drive, Bldg. 3	
Addres	
Austin, TX 78717	
City, State and	ip Code
TaxDept@HealthTronics.com	
E-mail address: (to be used for future	annual report notification)
For further information concerning this	matter, please call:
Biffie Westbrook	at (512) 721-4721
Name of Contact Person	Area Code and Daytime Telephone Number
Enclosed is a check for the following a	nount:
	5 Filing Fees \(\sqrt{S}\) \$1.052.50 Filing Fees \(\sqrt{S}\) \$1.061.25 Filing Fee. ficate of and Certified Copy Certified Copy, and Certificate of Status
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Tallahassee, FL 32301

APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP TO TRANSACT BUSINESS IN FLORIDA

Health Tronics Group, L.P.	
Acceptable Limited Partnership suffixes: Limited Parti	iability Limited Partnership, which must include suffix) nership, Limited, L.P., LP, or Ltd. es: Limited Liability Limited Partnership, L.L.L.P. or LLLP.
	rtnership or limited liability limited partnership proposes to register to transact orida; must contain acceptable suffix.
2. Delaware 3. 9/15/1995	
State or Country of Formation	Date of Formation
4. Federal Employer Identification Number 74-2757	440
5. Name of Registered Agent for Service of Process a C T Corporation System	
1200 South Pine Island Road	
Plantation, Florida 33324	
of all statutes relative to the proper and complete pe my position as registered agent. By: C	and agree to act in this capacity. I further agree to comply with the provisions rformance of my duties, and I am familiar with and accept the obligations of I Corporation System Jeanne Nelson acture of Registered Agent
•	•
7. Principal Office:	8. Mailing Address:
9825 Spectrum Drive, Bldg. 3	9825 Spectrum Drive, Bldg. 3
Austin, Texas 78717	Austin, TX 78717
9. If limited partnership is a limited liability limited	
10. Name, principal office address, and mailing add	The state of the s
Name of General Partner: Prime Medical Operating	Name of General Partner:
Street Address: 9825 Spectrum Drive, Bldg. 3	Street Address:
Austin, TX 78717	
Mailing Address: 9825 Spectrum Drive, Bldg. 3	Mailing Address:
Austin, TX 78717	
Name of General Partner;	Name of General Partner:
Street Address:	Street Address:
Mailing Address:	Mailing Address:

Name of General Partne	er:	Name of General Partner:
Street Address:		Street Address:
		Mailing Address:
Note: If the date inserted in	than the date of filing:ior to nor more than 90 days after the this block does not meet the applicanthe Department of State's records.	e date this document is filed by the Florida Department of State.) ble statutory filing requirements, this date will not be listed as the
12. Attached is a certificate Florida Department of State the law of which it is organi	, by the Secretary of State or other o	more than 90 days prior to the delivery of this application to the fficial having custody of the entity's records in the jurisdiction under
Signed this	day of November	20 21
	Clay Dais	
	Signature	of a general partner

The individual signing this document affirms that the facts stated herein are true and the individual is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Filing Fees:

\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75

Page 2 of 2

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "HEALTHTRONICS GROUP, L.P." IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE ELEVENTH DAY OF NOVEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Sade Control of the C

Authentication: 204665327

Date: 11-11-21