



THE UNITED STATES
CORPORATION
COMPANY

B98000000586

ACCOUNT NO. : 072100000032

REFERENCE : 981299 4814048

AUTHORIZATION : Patricia Pujols

COST LIMIT : \$ 87.50

ORDER DATE : October 1, 1998

ORDER TIME : 10:35 AM

ORDER NO. : 981299-005

CUSTOMER NO: 4814048

CUSTOMER: Ms. Mary Kim E. Shipp
Waller Lansden Dortch & Davis
Suite 2100
511 Union Street
Nashville, TN 372198966

800002654348--0

FOREIGN FILINGS

NAME: PANHANDLE MANAGEMENT PARTNERS,
L.P.

XXXX QUALIFICATION (TYPE: LP)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janna Wilson

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 OCT -2 PM 1:49
RECEIVED
98 OCT -2 AM 11:23
DIVISION OF CORPORATION

Filed 10/2/98

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

1. Panhandle Management Partners, 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.") 7

3. Tennessee 4. September 21, 1998
(State of Formation) (Date of Formation)

5. Corporation Service Company
(Name of Registered Agent for Service of Process)

6. 1201 Hays Street
(Street Address of Registered Office)

Tallahassee, Florida 32301
(City) (Zip Code)

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

By: *Magueline M. Carter*
(Agent must sign on this line)

8. 30 Burton Hills Blvd., Suite 400, Nashville, TN 37215
(Address of registered office required in state of formation or, if not required, address of principal office.)

9. NAMES OF GENERAL PARTNERS STREET ADDRESS
North American Medical Management-Florida, Inc. 30 Burton Hills Blvd., Suite 400
Nashville, TN 37215

894 000048477

10. 30 Burton Hills Blvd, Suite 400, Nashville, TN 37215
(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of the limited partner or limited partners until the limited partnership's registration in Florida is cancelled or withdrawn.

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12. 30 Burton Hills Blvd, Suite 400, Nashville, TN 37215

(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.

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This day of 30th, September, 19 98

Glen Marconcini

Glen Marconcini, Vice President of North American Medical
Management-Florida, Inc., General Partner

STATE OF Tennessee

COUNTY OF Davidson

On this 30th day of September, 19 98, Glen Marconcini

personally appeared before me,



who is personally known to me



whose identity I proved on the bases of _____

Wyn Kim Shipp

(Notary Public Signature)

(Notary Public Signature)

Seal

My Commission expires: 7/22/2000

AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally Glen Marconcini, Vice President of North American Medical Management-Florida, Inc.
a general partner of Panhandle Management Partners, L.P., a (an) Tennessee Limited partnership
hereinafter referred to as the "Partnership", who certifies as follows:

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1. The amount of capital contributions of the limited partners is \$ 250.00.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 250.00.

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.

This _____ day of September, 19 98.

Glen Marconcini

General Partner
Vice President of North American Medical Management-Florida, Inc.

STATE OF Tennessee

COUNTY OF Davidson

On this 30th day of September, 19 98, Glen Marconcini
personally appeared before me, ☒ who is personally known to me

☐ whose identity I proved on the bases of _____

Marylin Shipp
(Notary Public Signature)

(Notary Public Signature)

Seal

My Commission Expires: 7/22/2000