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PICK-UP WAIT	MAIL
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Certified Copies <u></u> Certificates of Stat	us
Special Instructions to Filing Officer:	
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Office Use Only



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2009 NOV 16 PH 2: 36 SECRETARY OF STATE.

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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO

REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. Metrolina Infectious Diseases, P.A.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) 2. Noth Carolina 3. 26-1552359
(State or country under the law of which it is incorporated) (FEI number, if applicable) 4. 12 December, 2007 5. Perpetual (Date of incorporation) 5. (Duration: Year corp. will cease to exist or "perpetual") (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 1720 E. Venice Ave y Venice Florida 34292

(Principal office address)

6/3 East Roosevelt Olva Monroe NC 28/12

(Current mailing address) 9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) PAMED OMER FARODQ

WHOLE She

Venice Are

(City)

Plorida 34292

(Zip code) Name: Office Address: 10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. 11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

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Vice Chairman:				· · · · · · · · · · · · · · · · · · ·			, <u>,</u>	
Address:	<u> </u>						· · · · · · · · · · · · · · · · · · ·	
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NORTH CAROLINA Department of The Secretary of State

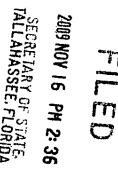
CERTIFICATE OF EXISTENCE (PROFESSIONAL CORPORATION)

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

METROLINA INFECTIOUS DISEASES, P.A.

is a professional corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 12th day of December, 2007, with its period of duration being Perpetual.

I FURTHER certify that the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that the said corporation's certificate of registration is not suspended or revoked by their licensing board; and that the said corporation has not filed articles of dissolution as of the date of this certificate.





IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 10th day of November, 2009.

Elaine J. Marshall

Secretary of State