

**BRASHEAR & ASSOCIATES, P.L.**  
*C o u n s e l o r s   A t   L a w*

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BRASHEAR & ASSOCIATES  
THOMPSON W. WHITE  
AMY SINELLI

January 4, 2000

Secretary of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

800003089359--9  
-01/05/00--01077--012  
\*\*\*\*125.00 \*\*\*\*125.00

RE: WWMEDICINEGROUP, L.L.C.

Dear Sir or Madam:

Enclosed please find an Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida for the above-referenced Delaware limited liability company, together with Certificate of Existence. Also enclosed, please find our check in the amount of \$125.00 representing the filing fees.

Please date-stamp the enclosed copy of the Application and return same to this office. Please call should you require further information.

Sincerely,

BRASHEAR & ASSOCIATES, P.L.

*Kim Holloway* MOO-47  
Kim Holloway, Legal Assistant

Name	OR 1-10
Availability	
Document	
Examiner	
Updater	
Updater	
Verifier	
Acknowledgment	
W. P. Verifier	

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO  
TRANSACTION BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. WWMEDICINEGROUP, L.L.C.  
(Name of foreign limited liability company)

2. Delaware 3. Applied for  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. November 3, 1999 5. October 1, 2099  
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. January 15, 2000  
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))

7. 6520 NW 50th Lane  
Gainesville, FL 32653  
(Street address of principal office)

8. If limited liability company is a manager-managed company, check here ☒

9. The usual business addresses of the managing members or managers are as follows:

Perinchery Narayan  
6520 NW 50th Lane  
Gainesville, FL 32653

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: Will conduct medical information service

Perinchery Narayan  
Signature of a member or an authorized representative of a member.  
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Perinchery Narayan

Typed or printed name of signer

FILED  
JAN -5 PM 5:00  
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES,  
THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING  
STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE  
STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

WWMEDICINEGROUP, L.L.C.

2. The name and the Florida street address of the registered agent and office are:

Perinchery Narayan

(Name)

6520 NW 50th Lane

Florida street address (P.O. Box **NOT** ACCEPTABLE)

Gainesville, FL 32653

City/State/Zip

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..*

Narayan

(Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

FILED  
JAN -5 PM 5:00  
CLERK OF COURT  
STATE OF FLORIDA

*State of Delaware*  
*Office of the Secretary of State*      PAGE 1

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I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "WWMEDICINEGROUP, L.L.C." 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 SECOND DAY OF DECEMBER, A.D. 1999.



A handwritten signature in cursive script, reading "Edward J. Freel", is written over a horizontal line.

*Edward J. Freel, Secretary of State*

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AUTHENTICATION:    0114306

DATE:    12-02-99