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ACCOUNT NO. : 072100000032

REFERENCE : 861928 4300985

AUTHORIZATION :

COST LIMIT : \$ 155.00

Patricia Pizant

ORDER DATE : October 12, 2000

ORDER TIME : 10:44 AM

ORDER NO. : 861928-005

CUSTOMER NO: 4300985

CUSTOMER: Lucia Barcklow, Legal Asst
Hall Dickler Kent Goldstein &
909 Third Avenue
27th Floor
New York, NY 10022-9998

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FOREIGN FILINGS

NAME: ADVANTAGE CARE LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

CONTACT PERSON: Norma Hull

APPROVED
FILED

00 OCT 16 PM 12:48

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

RECEIVED

00 OCT 16 AM 11:31

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

B
10-16-00

**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. Advantage Care LLC
(Name of foreign limited liability company)

2. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)

3. applied for
(FEI number, if applicable)

4. 9/19/00
(Date of Organization)

5. perpetual
(Duration: Year limited liability company will cease to exist or "perpetual")

6. Upon qualification
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))

7. One Parlieu Place, Suite 282
Winter Park, Florida 32792
(Street address of principal office)

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

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

David Scibal, One Parlieu Place, Suite 282, Winter Park, FL 32792

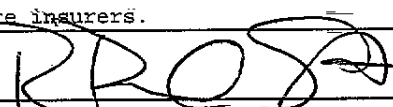
Lindsay Becotte, One Parlieu Place, Suite 282, Winter Park, FL 32792

David San Filippo, One Parlieu Place, Suite 282, Winter Park, FL 32792

Luis Ramos, One Parlieu Place, Suite 282, Winter Park, FL 32792

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: To provide claim support
services to health care insurers.


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.)

David San Filippo
Typed or printed name of signer

APPROVED
FILED
OCT 16 PM 12:43
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:

Advantage Care LLC

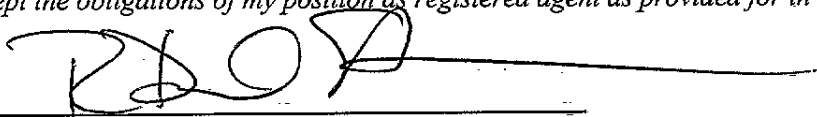
2. The name and the Florida street address of the registered agent and office are:

Mr. David San Filippo
(Name)

One Parlieu Place, Suite 282
Florida street address (P.O. Box **NOT** ACCEPTABLE)

Winter Park FL 32792
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..


(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
OCT 16 PM 12:40
TALLAHASSEE, FLORIDA

State of Delaware
Office of the Secretary of State

PAGE 1

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ADVANTAGE CARE LLC" 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 TWELFTH DAY OF OCTOBER, A.D. 2000.

APPROVED
FILED
OCT 16 PM 12:43
DEPT. OF STATE
DOVER, DELAWARE



Edward J. Freel
Edward J. Freel, Secretary of State

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AUTHENTICATION: 0730889

DATE: 10-12-00