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AME (S) AND DOCUMENT NUMBER (S)

824664/12500C

December 1, 2000

HT Orthotripsy Management, LLC								
	Toma of Dogume	nt						
<u>Filing Evidence</u> ⊠ Plain/Confirmation Copy	Type of Document ☐ Certificate of Status							
□ Certified Copy	□ Certificate of Goo	d Standing						
	□ Articles Only							
Retrieval Request □ Photocopy	☐ All Charter Document Articles & Amender Fictitious Name Control	iments						
□ Certified Copy	□ Other 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0)34838218 /04/0001005004						
NEW FILINGS	AMENDMENTS **	/04/0001005004 **125.00 ****125.00						
Profit	Amendment							
Non Profit	Resignation of RA Officer/Director	OO REC						
Limited Liability	Change of Registered Agent							
Domestication	Dissolution/Withdrawal	SHEET NOT BE TO SHEET IN SHEET						
Other	Merger							
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OTHER FILINGS	REGISTRATION/QUALIFICATION	>₹ . 						
Annual Reports	X Foreign LLC	AND I PM RY OF SSEE, I						
Fictitious Name	X Foreign LLC Limited Liability Reinstatement							
Name Reservation	Reinstatement	IDA A						
Reinstatement	Trademark	No A						

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

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

1. <u>HT Orthotripsy Management Com</u> (Name	pany, L L. of foreign limit	C (ability company)		-
Delaware (Jurisdiction under the law of which foreign limited company is organized)	3	58-2577863 (FEI number, if applicable)		
4. <u>07/25/2000</u> (Date of Organization)	5	Perpetual (Duration: Year limited liability company exist or "perpetual")	will cease to	
6. Upon registration	orida (Sac sac	tions 608.501, 608.502, and 817.155, F.S.		unc:
7. 1841 West Oak Parkway, Suite	·	nons 006.501, 008.502, and 617.155, 1.5.	,	
Marietta, Georgia 30062				
·	-	rincipal office)		
8. If limited liability company is a manager-	managed cor	npany, check here [X]		
9. The name and usual business addresses of	f the managii	ng members or managers are as follow	lows:	
,				-
10. Attached is an original certificate of existence, no methe jurisdiction under the law of which it is organized. (a translation of the certificate under oath of the translator methods.) 11. Nature of business or purposes to be continuous.	A photocopy is nust be submitte	not acceptable. If the certificate is in a foreigned.)	gn language, a	ls in
. А .			7.0 C	
(In accordance with section 6 an affirmation under the pen-	r or an autho 08.408(3), F.S., alties of perjury t	rized representative of a member. the execution of this document constitutes that the facts stated herein are true.) me of signee	DÓDEC - I PM 4: 24 ECRETARY ÓF STATE LLAHASSEE, FLORID.	APPROVE AND FILED

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	ie Limited Liability Compar	1y is:		
HT Orthotri	ipsy Management Compa	ny, L.L.C.		
2. The name and	the Florida street address of	the registered	agent and office are:	
	NRAI Services, I	nc.		
-		(Name)		
	526 E. Park Aven	ue		
	Florida street addres	ss (P.O. Box NO	<u>OT</u> ACCEPTABLE)	
_	Tallahassee	FL	32301	
_		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) (Signature)

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

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State of Delaware Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "HT ORTHOTRIPSY MANAGEMENT COMPANY,

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 TWENTY-EIGHTH DAY OF

NOVEMBER, A.D. 2000.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HT ORTHOTRIPSY MANAGEMENT_COMPANY, LLC" WAS FORMED ON THE TWENTY-FIFTH DAY OF JULY, A.D. 2000.

AND IIDO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

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Edward J. Freel, Secretary of State D

AUTHENTICATION: 0814863

001592224 DATE: 11-28-00