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REPLY TO: MIAMI OFFICE

By FedEx

March 6, 2001

Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

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*****30.00 *****30.00

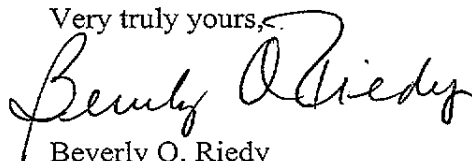
Dear Sir/Madam:

Enclosed is an Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida, together with an original certificate of existence dated December 14, 2000, and a Certificate of Designation of Registered Agent/Registered Office, for purposes of registering Health Facilities Group, LLC to transact business in the State of Florida.

Also enclosed is a check in the amount of \$125.00 to cover the filing fees and our firm check in the amount of \$30.00 to cover the fee for a certified copy of the filing.

Should you have any questions, please do not hesitate to contact us.

Very truly yours,



Beverly O. Riedy
Legal Assistant

/br
enclosures

cc: Stephen L. Lewallen
Jonathan Roberts, M.D. (-encs)
Stanley Kuperstein, Esq.

FILED
01 MAR -7 AM 9:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

mtw
3/9

**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. Health Facilities Group, L.L.C.
(Name of foreign limited liability company)
2. State of Kansas
(Jurisdiction under the law of which foreign limited liability company is organized)
3. #48-1154636
(FEI number, if applicable)
4. 2-3-1994
(Date of Organization)
5. 2-3-2024
(Duration: Year limited liability company will cease to exist or "perpetual")
6. Have Not.
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. 1133 E. Second Street
Wichita, Kansas 67214
(Street address of principal office)

8. If limited liability company is a manager-managed company, check here ☐ N/A

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

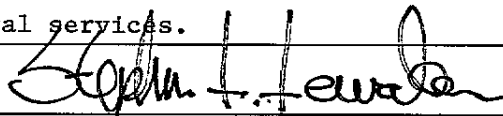
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: _____

Provide architectural services.



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.)

Stephen L. Lewallen

Typed or printed name of signee

**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:

Health Facilities Group, L.L.C.

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

KTG&S Registered Agent Corporation
(Name)

100 S.E. 2 Street, Suite 2800
Florida street address (P.O. Box **NOT** ACCEPTABLE)

Miami FL 33131-2144
City/State/Zip

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TALLAHASSEE, FLORIDA

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..

KTG&S Registered Agent Corporation

By: 
(Signature)
Stanley H. Kuperstein, Vice President

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

STATE OF KANSAS

OFFICE OF
SECRETARY OF STATE
RON THORNBURGH



To all to whom these presents shall come, Greetings:

I, RON THORNBURGH, Secretary of State of the state of Kansas, do hereby certify that I am the custodian of records of the State of Kansas relating to limited liability companies and that I am the proper official to execute this certificate.

I FURTHER CERTIFY THAT

HEALTH FACILITIES GROUP, L.L.C.

is a regularly and properly organized limited liability company under the laws of the State of Kansas, having filed articles of organization in Kansas on the 3rd day of February, A.D. 1995 and has paid all fees and franchise taxes due this office and is in good standing according to the records now on file in the office of Secretary of State.

In testimony whereof:

I hereto set my hand and cause
to be affixed my official seal
Done at the City of Topeka, this
14th day of December, A.D. 2000



Ron Thornburgh

RON THORNBURGH
SECRETARY OF STATE

FILED
01 DEC -7 AM 9:36
SECRETARY OF STATE