

UCC FILING & SEARCH SERVICES, INC. 526 East Park Avenue Tallahassee, Florida 32301 (850) 681-6528

HOLD FOR PICKUP BY UCC SERVICES OFFICE USE ONLY

| <u>www</u>                        | MA       | IM                | <b>V</b> | V~112                                                 | 84101015500U                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
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| FILING & SEARCH                   |          |                   | L        | ひりつ                                                   | March 27, 2001                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| SERVICES                          |          |                   |          |                                                       | MENT NUMBER (S):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|                                   | LEON HI  | EALTH INVESTOR    | RS, L    | LC                                                    | ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
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| Filing Eviden<br>□ Plain/Confirma |          |                   |          | Type of Docum<br>Certificate of Sta                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| ☑ Certified Copy                  |          |                   |          | Certificate of Go                                     | ood Standing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                                   |          |                   |          | Articles Only                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Retrieval Req  Photocopy          | uest Oll | 0/00734/2018      | 1/       | All Charter Doc<br>Articles & Amer<br>Fictitious Name |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| □ Certified Copy                  | SHITE    | DD 41-48          | 5        | Other                                                 | Certificate O                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| NEW FILINGS                       |          | AMENDMENTS        |          |                                                       | SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE<br>SIMIE |
| Profit                            |          | Amendment         |          |                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Non Profit                        |          | Resignation of RA | A Off    | icer/Director                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Limited Liability                 |          | Change of Registe | ered.    | Agent                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Domestication                     |          | Dissolution/Withd | irawa    | ıl ,, .,                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Other                             |          | Merger            |          |                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|                                   | _        |                   |          | Soog                                                  | )3912205—1<br>2701—01064—014                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| OTHER FILINGS                     |          | REGISTRATION      | I/QU     | ALIFICATION ***                                       | **155.00 ****155.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Annual Reports                    | x        | Foreign           |          |                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Fictitious Name                   | x        | Limited Liability |          |                                                       | JB 2 NI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Name Reservation                  |          | Reinstatement     |          |                                                       | 3-30-01                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Reinstatement                     |          | Trademark         |          |                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|                                   |          | Other             |          |                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |



### FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

March 27, 2001

**UCC FILING & SEARCH SERVICES** 

SUBJECT: LEON HEALTH INVESTORS, LLC

Ref. Number: W01000006875

We have received your document for LEON HEALTH INVESTORS, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following:

Pursuant to section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report/uniform business report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report/uniform business report and penalty fees is \$1050.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6025.

Trevor Brumbley Document Specialist

Letter Number: 401A00018346

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:

| Leon Health Investors, LLC                                                                                                                                                                                                   |                                                                                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| (Name of foreign li                                                                                                                                                                                                          | mited liability company)                                                                 |
| Virginia  (Jurisdiction under the law of which foreign limited liability company is organized)  3                                                                                                                            | (FEI number, if applicable)                                                              |
| 4. 11/13/00 (Date of Organization) 5                                                                                                                                                                                         | Perpetual  (Duration: Year limited liability company will cease to exist or "perpetual") |
| 5. 11/13/00 SUUHAUM<br>(Date first transacted business in Florida. (See                                                                                                                                                      | sections 608.501, 608.502, and 817.155, F.S.)                                            |
| 7. 4415 Pheasant Ridge Road, Suite 301                                                                                                                                                                                       |                                                                                          |
| Roanoke, VA 24014 (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 mem                                                                                                                                                                          | bers or managers are as follows:                                                         |
| James R. Pietrzak                                                                                                                                                                                                            |                                                                                          |
| James R. Smith                                                                                                                                                                                                               |                                                                                          |
| 4415 Pheasant Ridge Road                                                                                                                                                                                                     |                                                                                          |
| Roanoke, VA 24014                                                                                                                                                                                                            |                                                                                          |
| 10. Attached is an original certificate of existence, no more than 90 the jurisdiction under the law of which it is organized. (A photocop translation of the certificate under oath of the translator must be substantial.) |                                                                                          |
| 11. Nature of business or purposes to be conducted or                                                                                                                                                                        | promoted in Florida: Medical Real-Estate                                                 |
| Development                                                                                                                                                                                                                  | •                                                                                        |
| Signature of a member or an au                                                                                                                                                                                               | thorized representative of a member                                                      |

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.)

James R. Pietrzak

Typed or printed name of signee

## SPMC

# Smith/Packett Med-Com, Inc.

March 29, 2001

Secretary of State of Florida

RE:

Leon Health Investors, LLC

SP Wip's, LLC

Highland Health Investors, LLC

Dear Sir or Madam:

This letter is to attest to the fact that the aforementioned LLC's have not conducted any business in the state of Florida prior to their request for qualification.

Yours truly,

2001 MAR 29 PM 3: 44

NOT INCLUDED
TO ACKNOWLEDGE
TRP

City of Lander

City of Lander

The foregoing instrument was subscribed and swont before me this 27 day of

Suta Dene

My commission expires:

My Commission Papiers January 31, 2004

#### 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 n | ame of the Limited Liability  | Company is:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                |          |
|----------|-------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----------|
| Leon Hea | alth Investors, LLC           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 4.             |          |
| 2. The n | ame and the Florida street ac | ldress of the registered agent and office are:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                |          |
|          | NRAI Services, Inc.           | and the second s | <del>1</del> · |          |
|          |                               | (Name)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | _ ,            |          |
|          | 526 E. Park Avenue            | <del>n an an</del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | North State    |          |
|          | Florida str                   | eet address (P.O. Box NOT ACCEPTABLE)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <u>rece</u>    |          |
|          | Tallahassee                   | FL 32301                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                |          |
|          |                               | City/State/Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <del></del> •  | <u>.</u> |
|          |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |          |

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.. NRAI Services, Inc.

Haily Where

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

# Commonbrealth & Hirginia



# State Corporation Commission

I Certify the Following from the Records of the Commission:

A certificate of organization was issued by the Commission to Leon Health Investors, LLC, a limited liability company formed under the laws of VIRGINIA, effective as of November 13, 2000.

This certificate is in effect as of this date.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date: March 19, 2001

Joel H. Peck, Clerk of the Commission