

101000000859

BEP SERVICES, L. P.
3839 Forest Hill - Irene Road
Memphis, Tennessee 38125
Telephone: (901) 624-1600
Facsimile: (901) 624-1647

April 9, 2001

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-04/12/01--01105--002
***125.00 ***125.00

MJH

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

RE: In-Site Healthcare, L.L.C.

Gentlemen:

Enclosed for filing is an Application for Authorization for the above referenced entity. Also enclosed is a check in the amount of \$125.00 to cover the filing cost ((\$100-registration fee/\$25-appointment of registered agent), and a Certificate of Good Standing.

Please do not hesitate to call if you have any questions.

Very truly yours,



Diane Wingo-Cahill
Paralegal

:dwc

Enclosures

01 APR 12 AM 9:00
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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

1. In-Site Healthcare, L L C
(Name of foreign limited liability company)

2. Tennessee 3. 62-1826508
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. July 26, 2000 5. July 25, 2030
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

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

7. 3839 Forest Hill-Irene Rd.
Memphis, TN 38125
(Street address of principal office)

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

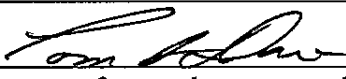
9. The usual business addresses of the managing members or managers are as follows:

3839 Forest Hill-Irene Rd.

Memphis, TN 38125

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

11. Nature of business or purposes to be conducted or promoted in Florida: All lawful businesses for which
limited liability companies may be organized according to the Act.



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.)
Tom I. Davis, II, Chief Manager

Typed or printed name of signer

FILED
01 APR 12 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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

1. The name of the Limited Liability Company is:

In-site Healthcare, L.L.C.

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

C T Corporation System

(Name)

c/o C T Corporation System, 1200 South Pine Island Road

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

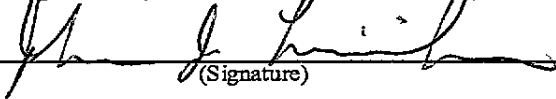
Plantation

FL 33324

City/State/Zip

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

C T Corporation System/ John J. Linnihan, Asst. V.P.


(Signature)

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

Secretary of State
Division of Business Services

.312 Eighth Avenue North
6th Floor, William R. Snodgrass Tower
Nashville, Tennessee 37243

ISSUANCE DATE: 04/02/2001
REQUEST NUMBER: 01092165
TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 07/26/2000
STATUS: ACTIVE
CORPORATE EXPIRATION DATE: PERPETUAL
CONTROL NUMBER: 0393061
JURISDICTION: TENNESSEE

TO:
CFS
8161 HIGHWAY 100
#172
NASHVILLE, TN 37221

REQUESTED BY:
CFS
8161 HIGHWAY 100
#172
NASHVILLE, TN 37221

CERTIFICATE OF EXISTENCE

I, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT

"IN-SITE HEALTHCARE, LLC"

A LIMITED LIABILITY COMPANY DULY FORMED UNDER THE LAW OF THIS STATE WITH DATE OF
FORMATION AND DURATION AS GIVEN ABOVE;
THAT ALL FEES, TAXES, AND PENALTIES OWED TO THIS STATE WHICH AFFECT THE
EXISTENCE OF THE LIMITED LIABILITY COMPANY HAVE BEEN PAID;
THAT ARTICLES OF DISSOLUTION HAVE NOT BEEN FILED; AND
THAT ARTICLES OF TERMINATION OF THE EXISTENCE HAVE NOT BEEN FILED.

FOR: REQUEST FOR CERTIFICATE

ON DATE: 04/02/01

FROM:
CFS
8161 HIGHWAY 100
#172
NASHVILLE, TN 37221-0000

	FEES	
RECEIVED:	\$160.00	\$0.00
TOTAL PAYMENT RECEIVED:		\$160.00
RECEIPT NUMBER:		00002846393
ACCOUNT NUMBER:		00101230



SS-4458

Riley C Darnell

RILEY C. DARNELL
SECRETARY OF STATE