M01000001408

[illegible] EDMANAGEMENT [illegible]

2301 [illegible] CLARK [illegible], #237
C[illegible], IL 60614

400004425054--2
-06/18/01--01108--004
****125.00 ****125.00

June 14, 2001

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

M01-1408
~~L01-10045~~

Enclosed for your consideration are our application for authorization to transact business in Florida, an original certificate of existence, and our check for the filing fee and designation of registered agent. Please contact me with any questions at 630-241-3245.

Sincerely,

William J. Gray
CFO

Encl.

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01 JUN 18 PM 3:16
SECRETARY OF STATE
TALLAHASSEE FLORIDA

WL 6/21

4p

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

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

1. PARAGON MEDMANAGEMENT, LLC
(Name of foreign limited liability company)

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

3. 36-4424185
(FEI number, if applicable)

4. 2-16-01
(Date of Organization)

5. 2025
(Duration: Year limited liability company will cease to exist or "perpetual")

6. 4-2-01
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.)

7. 2301 N. CLARK ST. #237
CHICAGO IL 60614
(Street address of principal office)

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TALLAHASSEE FLORIDA

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

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

J. ROBERT PELLAR 2301 N. CLARK ST. #237 CHICAGO IL 60614

WILLIAM J. GRAY 2301 N. CLARK ST. #237 CHICAGO IL 60614

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: CLINICAL LABORATORY MANAGEMENT

William J. Gray
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.)

WILLIAM J. GRAY
Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

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

1. The name of the Limited Liability Company is:

PARAGON MEDMANAGEMENT, LLC

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

BUSINESS FILINGS, INCORPORATED
(Name)

1000 WEST AVENUE, SUITE 1114
Florida street address (P.O. Box NOT ACCEPTABLE)

MIAMI BEACH FL 33139
City/State/Zip

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TALLAHASSEE FLORIDA

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

Richard Oster, VP, Business Filings Incorporated
(Signature)

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

File Number 0052332-1

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

PARAGON MEDMANAGEMENT, LLC,
HAVING ORGANIZED IN THE STATE OF ILLINOIS ON FEBRUARY 27, 2001,
APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED
LIABILITY COMPANY ACT OF THIS STATE RELATING TO THE FILING
OF THE ARTICLES AND PAYMENT, AND IS ORGANIZED TO TRANSACT
BUSINESS IN THE STATE OF ILLINOIS.

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

In Testimony Whereof, *I, hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 1ST *day of* JUNE *A.D.* 2001.

Jesse White

SECRETARY OF STATE

C-260.1