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| (2) TNT Medical LLC Fictit | ius Name: Brandon Physical Rehab (Fi | ct. Fili | |
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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 08.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| MAY 22, 2001 (Date of Organization) (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual") OCTOBER 15, 2001 TARGET DATE (Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.) 18423 GLADSTONE BLVD MAPLE GROVE MN 55311 (Street address of principal office) Ilimited liability company is a manager-managed company, check here the usual business addresses of the managing members or managers are as follows: BRIAN MATHESON 18423 GLADSTONE BLVD MAPLE GROVE MN 55311 | | AL LLC. | (Name of foreign 1 | mited liability some | <u>.</u> | |
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| Jurisdiction under the law of which foreign limited liability MAY 22, 2001 (Date of Organization) OCTOBER 15, 2001 TARGET DATE (Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.) 18423 GLADSTONE BLVD MAPLE GROVE MN 55311 (Street address of principal office) If limited liability company is a manager-managed company, check here BRIAN MATHESON 18423 GLADSTONE BLVD MAPLE GROVE MN 55311 (Street address of managers are as follows: | MTMMECAGA | | Carres or reterkit II | | | |
| MAY 22, 2001 (Date of Organization) (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual") (Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.) 18423 GLADSTONE BLVD MAPLE GROVE MN 55311 (Street address of principal office) If limited liability company is a manager-managed company, check here BRIAN MATHESON 18423 GLADSTONE BLVD MAPLE GROVE MN 55311 | TITINESUIA | 41 1 6 | <u> </u> | 41- | | |
| MAY 22, 2001 (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual") OCTOBER 15, 2001 TARGET DATE (Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.) 18423 GLADSTONE BLVD (Street address of principal office) If limited liability company is a manager-managed company, check here Example 18423 GLADSTONE BLVD MAPLE GROVE MN 55311 SEE 18423 GLADSTONE BLVD MAPLE GROVE MN 55311 | company is organize | the law of which forcing | gn limited liability | (FEI nu | mber, if applica | ble) |
| (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual") OCTOBER 15, 2001 TARGET DATE (Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.) 18423 GLADSTONE BLVD MAPLE GROVE MN 55311 (Street address of principal office) If limited liability company is a manager-managed company, check here BRIAN MATHESON MAPLE GROVE MN 55311 MAPLE GROVE MN 55311 | | | | | | |
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| Nature of business or purposes to be conducted or promoted in Florida: 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.) | lation of the certificat | Signature of a media affirmation under the | e conducted or pr | cd.) comoted in Florida: rized representative of | PHYSICAL | REHABILITATIO |
| Nature of business or purposes to be conducted or promoted in Florida: PHYSICAL REHABILITATIO Signature of a member of an authorized proposes to be conducted or promoted in Florida: | ation of the certificat | Signature of a media affirmation under the | e conducted or pr | cd.) comoted in Florida: rized representative of | PHYSICAL | REHABILITATI(|

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.

| FLORIDA. | |
|--|---------------------------|
| 1. The name of the Limited Liability Company is: | |
| TNT Medical LLC | |
| 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) | OT OC SEULI VALLAT |
| Plantation FL 33324 City/State/Zip | THANK OF S |
| Having been named as registered agent and to accept service of process for the above stated liability company at the place designated in this certificate, I hereby accept the appointment a agent and agree to act in this capacity. I further agree to comply with the provisions of all st relating to the proper and complete performance of my duties, and I am familiar with and according to the properties as registered agent as provided for in Chapter 608, F.S | s registered - tatutes |
| C T Corporation System | |

(Signature)
Thomas R. Bednar, Asst. Sec.

Alromas R. B

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

state of Minnesota

SECRETARY OF STATE

Certificate of Good Standing

I, Mary Kiffmeyer, Secretary of State of Minnesota, do certify that: The limited liability company listed below is a limited liability company formed or registered to do business under the laws of Minnesota; the limited liability company was formed by the filing of articles of organization or registered to do business by filing an application for a certificate of authority with the Office of the Secretary of State on the date listed below; the limited liability company is governed by Chapter 322B of Minnesota Statutes; and this limited liability company is authorized to do business as a limited liability company at the time this certificate is issued.

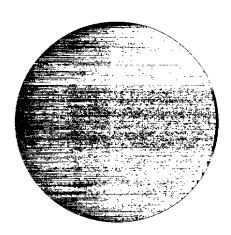
Name: TNT MEDICAL L.L.C.

Date Formed or Registered: May 22, 2001

State of Organization: Minnesota

This certificate has been issued on September 25, 2001.

ALLAHASSEL TOMBA



Mary Kiffmeyer Secretary of State.