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January 4, 2002

WILLIAMS MULLEN

File No: 033459.0001

VIA FEDERAL EXPRESS

Florida Secretary of State Registration Division Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

500004755755—3 -01/07/02-01055-012 ****160.00 ****160.00

PLEASE EXPEDITE SERVICE

Re: Formation Capital Asset Management, LLC

Dear Sir or Madam:

Please file the enclosed Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida and Certificate of Designation of Registered Agent for the above referenced limited liability company.

Please prepare a certified copy of the Certificate of Authorization <u>and</u> a Certificate of Status for the company and forward them, and any other acknowledgements of filing, to my attention <u>via Federal Express account #0235-0339-5</u>. A pre-addressed, pre-paid air-bill and envelope are enclosed for your convenience.

I enclose our firm's check in the amount of \$160.00 to defray the expense of fing the application, designation of registered agent and certification of documents.

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

Sincerely,

Wendy M. Chappell Corporate Paralegal

Enclosures

#327307 v1 - L - FL SOS - file Qual - FCAM, LLC

Williams Mullen Clark & Dobbins

.70 -

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:

FORMATION CAPITAL ASSET MANAGEMENT, LLC		75.172
(Name of foreign	ı limit	ed liability company)
DELAWARE	3. 4	APPLIED FOR.
furisdiction under the law of which foreign limited liability ompany is organized)	-	(FEI number, if applicable)
December 19, 2001	5.	PERPETUAL
(Date of Organization)	_	(Duration: Year limited liability company will cease to exist or "perpetual")
January 1, 2002	lee sec	ctions 608.501, 608.502, and 817.155, F.S.)
1035 POWERS PLACE, ALPHARETTA, GEORGIA, 30	004	
(Street addre	ss of	principal office)
•		
If limited liability company is a manager-manage		
The usual business addresses of the managing on	endu	exsprmanagers are as follows:
STEVEN E. FISHMAN, 1035 POWERS PLAC	E, <u>7</u>	ALPHARETTA, GA, 30004
GREGORY C. LENTZ, 1035 POWERS PLACE	, AI	PHARETTA, GA, 30004
CHRISTOPHER M. SERTICH, 1035 POWERS	PL	ACE, ALPHARETTA, GA, 30004 AR
ARNOLD M. WHITMAN, 1035 POWERS PLAC	E, 7	ALPHARETTA, GA, 30004 S
4	. 00 J.	* ***
. Attached is an onginal certificate of existence, no more that jurisdiction under the law of which it is organized. (A photo	coovi	rys old, duly authenticated by the official having custody of recision a foreign language, a
slation of the certificate under eath of the translator must be	submi	ited)
		- · · · ·
. Nature of business or purposes to be conducted	d or p	promoted in Florida: TO OWN AND MANAGE
HEALTHCARE FACILITIES.		
Elita		3. Latel
(In accordance with section 608.408)	3), F.S	norized representative of a member. the execution of this document constitutes y that the facts stated herein are true.)
		PICH, VICE PRESIDENT

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 Compa	any is:		
FORMATION	CAPITAL ASSET MANAGEMEN	T, LLC	-	
2. The name	and the Florida street address of	of the registered agent	and office are:	
	C T Corporation System			
		(Name)	_	
	c/o C T Corporation System, 1200	0 South Pine Island Road		
	Florida street addre	ess (P.O. Box NOT ACCE	PTABLE)	,
	Plantation	FL 33324 City/State/Zip	SECRE TALLAI	02 JA
		Oity, State, Eip		
liability compo agent and agro relating to the	named as registered agent and to any at the place designated in the ee to act in this capacity. I furth proper and complete performan my position as registered agent	is certificate, I hereby a ver agree to comply with uce of my duties, and I a	ccept the appointment as re the provisions of all statut m familiar with and accept	gsstered es
C T Corporatio	on System (Signature)	<u>.</u>	Hillary A. England Assistant Secretary	

\$ 30.00

5.00

\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent **Certified Copy (optional)**

Certificate of Status (optional)

State of Delaware

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Office of the Secretary of State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FORMATION CAPITAL ASSET MANAGEMENT, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIRST DAY OF DECEMBER, A.D. 2001.

AND_I_DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE
NOT BEEN ASSESSED TO DATE.

FILED

02 JAN -7 PH 9: 12

SECRETARY OF STATE
TALL ALLASSEE FLORIDA



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8300

Warriet Smith Windson, Secretary of State

AUTHENTICATION: 1521761

010661331 DATE: 12-21-01