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SUITE 750, EAST TOWER
ATLANTA, GEORGIA 30326
TELEPHONE: 770 858-1288
FACSIMILE: 404 231-4192

January 8, 2002

NJH

REPLY TO:

RiverEdge Parkway

VIA FEDERAL EXPRESS

11/9
Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

500004762095--5
-01/09/02--01033--006
****125.00 ****125.00

Re: Phoenix Healthcare Intelligence, LLC
Our File #17732

Dear Sir or Madam:

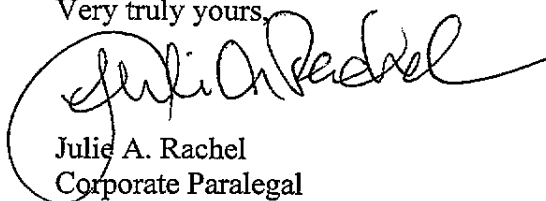
In order to qualify Phoenix Healthcare Intelligence, LLC to transact business in Florida, enclosed please find the following:

- (1) The original and one (1) copy of the Application by Foreign Limited Liability Company for Authorization to Transact Business in the Florida;
- (2) Designation of Registered Agent;
- (3) Certificate of Existence, issued by the Delaware Secretary of State; and
- (4) A check in the amount of \$125.00, payable to the Florida Secretary of State, in payment of the filing fees.

Please accept these for filing and return to me a copy of the filed documents enclosed self addressed, stamped envelope.

If any further information is required, please contact the undersigned.

Very truly yours,


Julie A. Rachel
Corporate Paralegal

/jar
Enclosures

120907

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02 JAN - 9 PM 4: 34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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. Phoenix Healthcare Intelligence, LLC
(Name of foreign limited liability company)
2. Delaware 3. 59-3749177
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. August 7, 2001 5. Perpetual
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6. Upon filing this application.
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. 6810 New Tampa Highway, Suite 600
Lakeland, Florida 33815
(Street address of principal office)

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

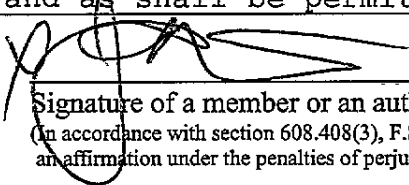
9. The name and usual business addresses of the managing members or managers are as follows:

James David Robinson
6810 New Tampa Highway
Suite 600
Lakeland, Florida 33815

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: To accomplish all lawful business and activity whatsoever as the member shall determine and as shall be permitted by law.


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 David Robinson, Member
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:

Phoenix Healthcare Intelligence, LLC

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

James

David Robinson

(Name)

6810 New Tampa Highway, Suite 600

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

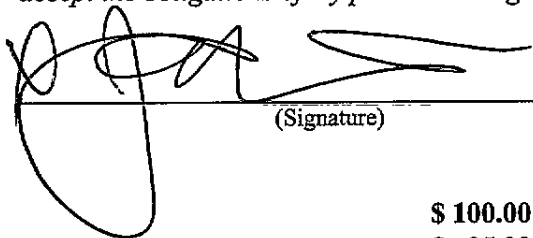
Lakeland,

FL

33815

(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.



(Signature)

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

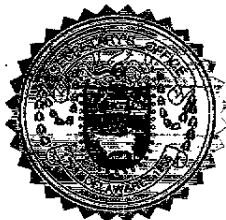
Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PHOENIX HEALTHCARE INTELLIGENCE, 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 FOURTH DAY OF JANUARY, A.D. 2002.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.



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Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 1540452

DATE: 01-04-02