

MO2000000504<sup>4</sup>

ROBERT EARDLEY, MD  
3615 Central Avenue, Suite 102  
Ft. Myers, FL 33901  
Phone: 941-936-9466

TRANSMITTAL LETTER

I have enclosed my application, certificate and check for \$125.00 as required by the State of Florida to register and do business in the State of Florida.

600005002336--9  
-02/26/02--01010--014  
\*\*\*\*125.00 \*\*\*\*125.00

Thanks,

*Robert J. Eardley, M.D.*  
Robert J Eardley, M.D.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

mt  
2/27

**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. Palms Medical Center, LLC  
(Name of foreign limited liability company)

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

3. 75-2990770  
(FEI number, if applicable)

4. December 24, 2001  
(Date of Organization)

5. 30 years  
(Duration: Year limited liability company will cease to exist or "perpetual")

6. 02/28/2002  
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))

7. 3615 Central Avenue, Suite 5  
Fort. Myers, Florida 33901  
(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:

Robert Eardley, MD - 3615 Central Ave  
Ft. Myers, FL 33901

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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: Medical

Robert J. Eardley, M.D.  
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.)

Robert Eardley, MD  
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:

Palms Medical Center, LLC

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

Robert J. Eardley, M.D  
(Name)

7801 SW 24 st # 102

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

Miami FL 33155

(City/State/Zip)

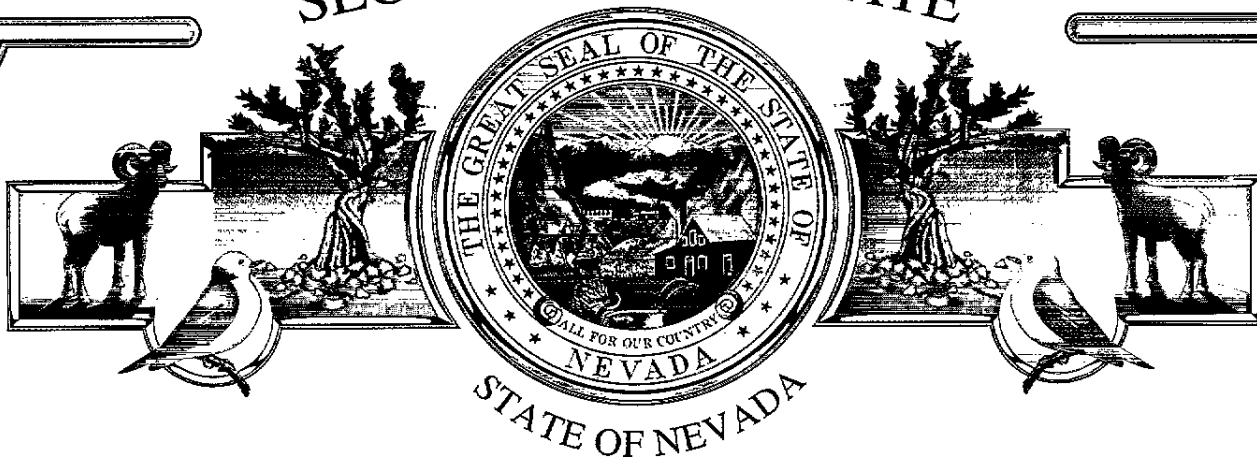
*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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.*

Robert J. Eardley, M.D  
(Signature)

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

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# SECRETARY OF STATE



## LIMITED-LIABILITY COMPANY CHARTER

I, DEAN HELLER, the Nevada Secretary of State, do hereby certify that **PALMS MEDICAL CENTER, LLC** did on **December 24, 2001**, file in this office the Articles of Organization for a Limited-Liability Company, that said Articles are now on file and of record in the office of the Nevada Secretary of State, and further, that said Articles contain the provisions required by the laws governing Limited-Liability Companies in the State of Nevada.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office in Carson City, Nevada, on **December 24, 2001**.



*Dean Heller*

Secretary of State

By

*Rick Jordan*

Certification Clerk

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