## M02000002342

FILED CORPORATION(S) NAME Inverray Medical Investors, LLC () Amendment () Merger () Profit () Nonprofit () Mark () Dissolution/Withdrawal () Foreign () Reinstatement () Other () Limited Partnership () Annual Report () Change of RA () Name Registration (x) LLC (\_)\_UCC registration () Fictitious Name (x) CUS () Certified Copy () Photocopies

() Call When Ready (x) Walk In () Mail Out	() Call If Problem () Will Wait	() After 4:30 (x) Pick Up
Name Availability Document Examiner Updater	9/9/02	Order#: 5577993  400075949442 -09/09/0201030020 Ref#: *******5.00 *******5.00
Verifier W.P. Verifier		-09/03/0201030021 Amount: \$ ****125.00 ****125.00

660 East Jefferson Street \_ Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615

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

IN COMPLIANCE WITH SECTION 608.503, P LIMITED LIABILITY COMPANY TO TRANSAC	TBUSINESS IN THE STATE OF FLORIDA:	SOBMITTED TO REGISTER FOREIG
Inverrary Medical Investors, LLC	<u>-</u>	<b>老養第</b> 7
	(Name of foreign limited liability company)	
7 Tennessee	3 Applied for	\$ 500
(Jurisdiction under the law of which foreign company is organized)	limited liability (FEI num	nber, if applicable)
,		67.
September 03, 2002 (Date of Organization)	5_Perpetual	ed liability company will cease to
(Suite of organization)	exist or "perpetual")	ed hability company will cease to
September 03, 2002	- <u></u>	•
(Date first transacted busine	ess in Florida. (See sections 608.501, 608.502	2, and 817.155, F.S.)
3570 Keith Street, N.W., Cleveland, TN	37312	
		* Seguine
	(C)	er .
	(Street address of principal office)	
. If limited liability company is a man	nager-managed company, check here	· ·
	<i>5</i>	
. The usual business addresses of the	managing members or managers are	as follows:
3570 Keith Street, N.W., Cleveland, TN	37312	
5570 Rottin Buoot, 11. 11., Oloveland, 111	3/312	/ ASS
		12
0. Attached is an original certificate of existence	e no more than 90 days old duly authenticated	hutha official having gratedy of mounta
e jurisdiction under the law of which it is organ	nized. (A photocopy is not acceptable. If the ce	rtificate is in a foreign language a
anslation of the certificate under oath of the tran	slator must be submitted.)	
1. Nistenna o Cita		
1. Nature of business or purposes to b	be conducted or promoted in Florida:	
Owner, operator and / or manager of a heal	th care facility.	
Man	E. Thurmond	*
Signature of a m	ember or an authorized representative	of a member.
(In adobrdonan with a	otion 600 400/2\ E C at	ment constitutes
an affirmation under	ection 608.408(3), F.S., the execution of this docu	and the constituted
an affirmation under t	the penalties of perjury that the facts stated herein an E. Thurmond, Assistant Secretary	are true.)

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

Mark State of the PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES 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:	
Inverrary Medical Investors, 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 Book	

Plantation City/State/Zip

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

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..

C T Corporation Syste

MARY R. ADAMS

ASSISTANT SECRETARY

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

5.00 Certificate of Status (optional)

**Secretary of State Division of Business Services** 312 Eighth Avenue North 6th Floor, William R. Snodgrass Tower Nashville, Tennessee 37243

ISSUANCE DATE: 09/04/2002 REQUEST NUMBER: 02247606 TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 09/03/2002 STATUS: ACTIVE CORPORATE EXPIRATION DATE: PERPETUAL CONTROL NUMBER: 0432721 JURISDICTION: TENNESSEE ON AMOSED STATES

61 HWY 100 NASHVILLE, TN 37221 REQUESTED BY: CFS 8161 HWY 100 NASHVILLE, TN 37221

CERTIFICATE OF EXISTENCE

I, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT "INVERRARY MEDICAL INVESTORS, LLC"

A LIMITED LIABILITY COMPANY DULY FORMED UNDER THE LAW OF THIS STATE WITH DATE OF FORMATION AND DURATION AS GIVEN ABOVE; THAT ALL FEES, TAXES, AND PENALTIES OWED TO THIS STATE WHICH AFFECT THE EXISTENCE OF THE LIMITED LIABILITY COMPANY HAVE BEEN PAID: THAT ARTICLES OF DISSOLUTION HAVE NOT BEEN FILED; AND THAT ARTICLES OF TERMINATION OF THE EXISTENCE HAVE NOT BEEN FILED.

FOR: REQUEST FOR CERTIFICATE

NASHVILLE, TN 37221-0000

ON DATE: 09/04/02

RECEIVED:

FEES \$180.00

\$0.00

TOTAL PAYMENT RECEIVED:

\$180.00

RECEIPT NUMBER: 00003139535 ACCOUNT NUMBER: 00101230



CFS 8161 HIGHWAY 100

FROM:

Kely C Darnell RILEY C. DARNELL

SECRETARY OF STATE