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SECRETARY OF STATE

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LAW OFFICES OF

RONALD H. MILLS & ASSOCIATES

ATTORNEYS & COUNSELORS AT LAW

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November 4, 2002

Florida Department of State
Registration Section
Division of Corporations
P.O. Box 5327
Tallahassee, FL 32314

Re: Michael P. Bennetts, M.D., LLC

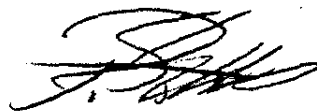
Dear Sir or Madam,

Enclosed is an application by Dr. Michael P. Bennetts on behalf of his Ohio Limited Liability Company to register that company to transact his business in Florida. Also provided is the Certificate of Designation of Registered Agent. An internet available Certificate of Good Standing from the Ohio Secretary of State issued October 22, 2002 is also enclosed. Finally, please find Dr. Bennetts' check in the sum of \$125.00 as in for the filing fees.

I would asked that this be filed in your usual and customary manner. May I request that the copy of the application be timed stamped and returned to me in the envelope provided.

Your anticipated cooperation will be greatly appreciated.

Yours very truly,



Ronald H. Mills

RHM:mhm

Enc.(5)

02 NOV - 9 AM 10:46
FILED
DEPT. 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. Michael P. Bennetts, M.D., LLC.
(Name of foreign limited liability company)
2. Ohio 3. 34-1948766
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. 2-13-01 5. Perpetual
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6. Sept. 2, 2002
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. 8934 4th Street North, Suite 2
St. Petersburg, FL 33702
(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:

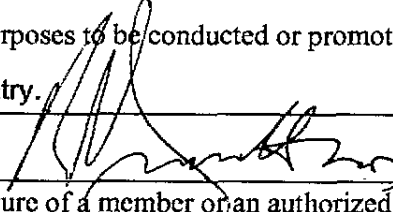
8934 4th Street North, Suite 2

St. Petersburg, FL 33702

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 practice

specializing in Psychiatry.


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.)

Michael P. Bennetts, M.D.

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 NOV - 8 AM 10:46

FILED

**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:

Michael P. Bennetts, M.D., LLC.

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

Michael P. Bennetts, M.D.

(Name)

8934 4th Street North, Suite 4

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

St. Petersburg, FL 33702

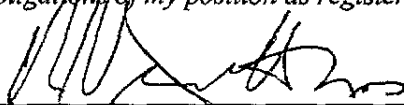
(City/State/Zip)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 NOV -8 AM 10:45

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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)

**United States of America
State of Ohio
Office of the Secretary of State**

I, J. Kenneth Blackwell, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign corporations; that said records show MIICHAEL P. BENNETTS, M.D., LLC, an Ohio Limited Liability Company, Registration Number 1209819, was organized within the State of Ohio on February 13, 2001, is currently in FULL FORCE AND EFFECT upon the records of this office.



*Witness my hand and the seal of the
Secretary of State at Columbus, Ohio
this 22nd day of October, A.D. 2002*

J. Kenneth Blackwell

Ohio Secretary of State

Validation Number: V20022950FE300