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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

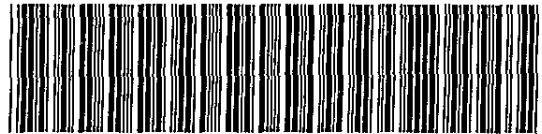
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

J. BRYAN APR - 7 2003

Federated Medical Services LLC

1501 NW 49 Street, Suite 200
Ft. Lauderdale, Florida 33309
(954) 938-3770
Fax (954) 938-3788

April 3, 2003

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

Dear Sir/Madam:

We submit herewith the required documents for application for authorization to transact business in Florida.

1. Application, with Certificate of Designation of Registered Agent.
2. Original Certificate of Authentication from the state of Delaware
3. Check in the amount of \$160.00

If you have any questions regarding this application, I may be reached at (954) 745-3243.

Thank you for your attention to this application, and enclosed is a return FedEx label for use.

Very truly yours,


Bonnie Ferrero

Enclosures

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**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. Federated Medical Services LLC
(Name of foreign limited liability company)
2. Delaware 3. 32-0047443
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. October 3, 2002 5. Perpetual
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6. October 3, 2002
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. 1501 NW 49 Street, Suite 200, 2nd Floor
Ft. Lauderdale, Florida 33309
(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:
Ralph Rosenberg, 1501 NW 49 Street, Suite 200, Ft. Lauderdale, FL 33309
William Guthrie, 1501 NW 49 Street, Suite 200, Ft. Lauderdale, FL 33309
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 engage or
transact in any and all lawful activities

William Guthrie
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.)

William Guthrie

Typed or printed name of signee

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**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:

Federated Medical Services, LLC

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

Alan Greenfield, Esquire

(Name)

15105 NW 77 Avenue, Suite 303

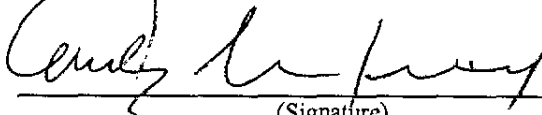
Florida street address (P.O. Box **NOT** ACCEPTABLE)

Miami Lakes,

FL 33014

(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)

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TALLAHASSEE, FLORIDA

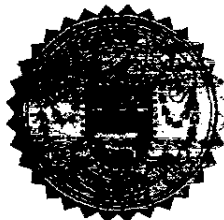
Delaware

The First State

PAGE 1

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FEDERATED MEDICAL SERVICES, 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 FIRST DAY OF APRIL, A.D. 2003.

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TALLAHASSEE, FLORIDA



Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State

2229878 8300

AUTHENTICATION: 2343272

030306781

DATE: 04-01-03