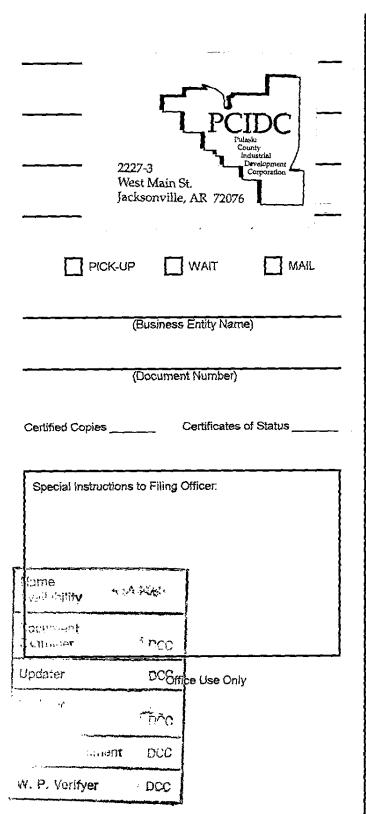
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FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

July 10, 2003

PCIDC 2227-3 WEST MAIN ST JACKSONVILLE, AR 72076

SUBJECT: DOCTORS HEARING CENTER, L.L.C. LXI

Ref. Number: W03000019545

We have received your document for DOCTORS HEARING CENTER, L.L.C. LXI and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the addresses of the managers in section 9.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6913.

Diane Cushing Document Specialist

Letter Number: 003A00040915

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:

Doctors Hearing Center, L.L.C. LXI	
	limited liability company)
Arkansas (Jurisdiction under the law of which foreign limited liability company is organized)	3. 55-0822877 (FEI number, if applicable)
3/18/2003 (Date of Organization)	5. 3/18/2033 (Duration: Year limited liability company will cease to exist or "perpetual")
3/20/2003 (Date first transacted business in Florida. (Sec. 2227 West Main Street, Suite 4	ee sections 608.501, 608.502, and 817.155, F.S.)
Jacksonville, AR 72076 (Street address	ss of principal office)
If limited liability company is a manager-manage	d company, check here 🗹
The name and usual business addresses of the ma Richard L. Hayes, M.D. \$137 W.MAIN S Dwayne L. Ruggles M.D \$137 W.MAIN S7 Jack Lund, D.O. \$545 RIDGE ROAD, POR	T, STE4, JACKSONVILLE, AR 72076 35
Ron Davis 2227 W. MAIN ST., STE.	4, JACKSONVILLE, AR 72076
,	00 days old, duly authenticated by the official having custody of record otocopy is not acceptable. If the certificate is in a foreign language, a be submitted.)
. Nature of business or purposes to be conducted	or promoted in Florida: Hearing Testing
and Evaluation	
(In accordance with section 608.408(3),	uthorized representative of a member. F.S., the execution of this document constitutes right that the facts stated herein are true.)
Ron Davis	
Typed or printe	ed 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.

Doctors Hearing Center, L.L.C.	LXI	
2. The name and the Florida street a	ddress of the registered agent and office	e are:
Renita Watts		03 03
· · · · · · · · · · · · · · · · · · ·	(Name)	
4650 St. James	Avenue,	30 _
Florida street address (P.O. Box NOT ACCEPTABLE)		
Titusville	FL 32780	4: 22
	(City/State/Zin)	

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)

1. The name of the Limited Liability Company is:

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



Arkansas Secretary of State Charlie Daniels

State Capitol Building • Little Rock, Arkansas 72201-1094 • 501-682-3409

Certificate of Good Standing

I, Charlie Daniels, Secretary of State of the State of Arkansas, and as such, keeper of the records of domestic and foreign corporations, do hereby certify that the records of this office show

DOCTORS HEARING CENTER, L.L.C. LXI

authorized to transact business in the State of Arkansas as a Limited Liability Company, Articles of Organization in this office March 18, 2003.

Our records reflect that said entity, having complied with all statutory requirements in the State of Arkansas, is qualified to transact business in this State.



In Testimony Whereof, I have hereunto set my hand and affixed my official Seal. Done at my office in the City of Little Rock, this 22nd day of July 2003.

Charlie Daniels Secretary of State

Online Certificate Authorization Code: 96e0ec73ffd3b80

To verify the Authoriziation Code, visit www.sosweb.state.ar.us