

M03000002525

PCIDC

(Requestor's Name)

2227-3 W. Main St.

(Address)

Jacksonville, FL 32206

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Name
Availability

Document
Examiner

Undated

DCC
Office

Use Only

Undated

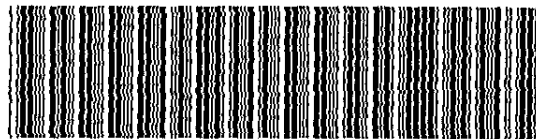
DCC

Acknowledgement

DCC

W. P. Verifier

DCC



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SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 JUL 30 PM 4:22

① addresses of mgr
② cert.

W03000019542



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

July 11, 2003

PCIDC
2227-3 W. MAIN ST
JACKSONVILLE, AR 72076

SUBJECT: DOCTORS HEARING CENTER, L.L.C. LXII
Ref. Number: W03000019542

We have received your document for DOCTORS HEARING CENTER, L.L.C. LXII 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: 503A00040910

**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. Doctors Hearing Center, L.L.C. LXII
(Name of foreign limited liability company)

2. Arkansas 3. 55-0822877
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 3/18/2003 5. 3/18/2033
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. 3/20/2003
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))

7. 2227 West Main Street, Suite 4
Jacksonville, AR 72076
(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:

Richard L. Hayes, M.D. 2227 W. MAIN ST., STE 4, JACKSONVILLE, AR 72076

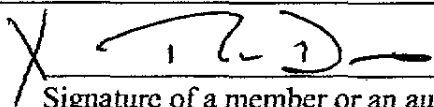
Dwayne L. Ruggles M.D. 2227 W. MAIN ST., STE 4, JACKSONVILLE, AR 72076

Jack Lund, D.O. 6545 RIDGE ROAD, PORT RICHEY, FL 34668

Ron Davis 2227 W. MAIN ST., STE 4, JACKSONVILLE, AR 72076

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: Hearing Testing
and Evaluation


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.)

Ron Davis

Typed or printed name of signee

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JACKSONVILLE

**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:

Doctors Hearing Center, L.L.C. LXII

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

Renita Watts

(Name)

4650 St. James Avenue,

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

Titusville

FL 32780

(City/State/Zip)

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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.

X Renita Watts
(Signature)

\$ 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. LXII

authorized to transact business in the State of Arkansas as a Limited Liability Company, as set forth in its 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.

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DIVISION OF CORPORATIONS
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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.

A handwritten signature of Charlie Daniels in cursive script.

Charlie Daniels
Secretary of State

Online Certificate Authorization Code: 320bd82490489f9

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