





FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

January 13, 2004

THE KIRWAN LAW FIRM

SUBJECT: INTELLISOLUTIONS, LLC  
REF: W04000001688

*New one  
Good as  
of 1/15/04.  
Thanks!*

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The certificate of existence must be issued within the last 90 days by the Secretary of State which has custody of the records in the jurisdiction under the laws of which the above listed entity is incorporated/organized.

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) 245-6025.

Trevor Brumbley  
Document Specialist

FAX Aud. #: H04000008275  
Letter Number: 704A00002406

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO  
TRANSACTION BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 608.303, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Intellisolutions, LLC  
(Name of foreign limited liability company)
2. Nevada  
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 45-0519226  
(FBI number, if applicable)
4. July 14, 2003  
(Date of Organization)
5. 2050  
(Duration: Year limited liability company will cease to exist or "perpetual")
6. Upon qualification  
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. 852 East Club Circle  
Longwood, Florida 32779  
(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:  
See Attached List
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: Practice management, consulting, and outsource back-office processing.

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.)  
Dr. Sandeep Bajaj

Typed or printed name of signee

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

**Name and usual business address of the managing members:**

Sandeep Bajaj, M.D.  
652 East Club Circle  
Longwood, FL 32779

Rohini Bajaj, M.D.  
652 East Club Circle  
Longwood, FL 32779

Karan G. Reddy, M.D.  
8803 Southern Breeze Drive  
Orlando, Florida 32836

Kalpna Reddy  
8803 Southern Breeze Drive  
Orlando, Florida 32836

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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:

Intellisolutions, LLC

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

Dr. Sandeep Bajaj

(Name)

652 East Club Circle

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

Longwood

FL 32779

(City/State/Zip)

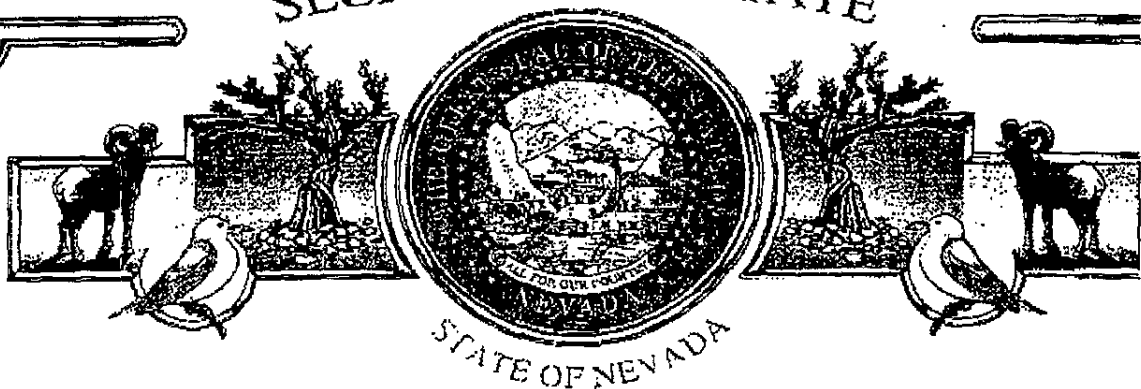
*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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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## SECRETARY OF STATE

**CERTIFICATE OF EXISTENCE  
WITH STATUS IN GOOD STANDING**

I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **INTELLISOLUTIONS, LLC**, as a limited-liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since July 14, 2003, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office, in Carson City, Nevada, on January 15, 2004.

DEAN HELLER  
Secretary of State

By

  
Certification Clerk