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#### FOREIGN LIMITED LIABILITY COMPANY

Sterling Group Physician Services, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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## 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:

Sterling Group Phy	Main Services, LLC	1179	nited liability company)	
	(Trans or roses		med negatify southerly	
Delaware		3.	20-0641704	
(Jurisdiction under th	e law of which fineign limited liability upany is organized)		(FEI number, if applicable)	
01/23/2004		5.	Perpetual	
(Date	of Organization)		(Duration: Year limited liability company will cease exist or "perpetual")	e to
Upon Qualification	n			<del></del> -
(Date	e first fransacted business in Florida. (S	ee si	sections 608.501, 608.502, and 817.155, F.S.)	
Sterling Group Hole	dings, LLC, 10 New King Street, White	e Pla	sins, NY 10684	<del></del>
	(Street addre	38 Of	principal office)	, C , C
If limited liability	y company is a manager-manage	d co	ompany, check here 🗷	
The name and us	mal business addresses of the ma	mag	ing members or managers are as follows:	
Sterling Group Ho	oldings, LLC			
10 New King Street	st .			<u></u>
White Plains, NY I	10694			
Attached is an origin	el certificate of existence, no more then 9	90 da	ays old, duly authenticated by the official having custody	of records
the jurisdiction unde		otoo	opy is not acceptable. If the certificate is in a foreign lan	
. Nature of busin	ess or purposes to be conducted	or p	promoted in Florida:	<del></del>
Physician staffing ar	nd management services.			
	Signature of a member or an a	uth	orized representative of a member.	

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 perjuty that the facts stated herein are true.)

/s/ Stephen J. Dreanick, M.D., on behalf of Sterling Group Holdings, LLC

Typed or printed 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.

I. The name	of the Limited Liabilit	y Company is:	
Steeling Group	Physician Services, LLC		
2. The name	and the Florida street a	address of the registered agent and office are:	
	CT Corporation System	n	_ 5 0
		(Name)	- PATE AND
	c/o CT Corporation Sy	stem, 1200 South Pine Island Road	ラボ ひ エラコ
	Florida a	street address (P.O. Box <u>NOT</u> ACCEPTABLE)	
	Plantation	FL 33324 (City/State/Zip)	<u>်</u> - မင်းမြ
		(Cuyramic Lip)	

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.

By: Stacy M. Rosenthal Vice President and Signature)

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

# Delaware

### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "STERLING GROUP PHYSICIAN 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 TWENTY-NINTH DAY OF JANUARY, A.D. 2004.

AND I DO HEREEY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

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Warnet Smith Hinden

DATE: 01-29-04