M04000002571

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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06/21/04--01086--007 **67.50

05/14/04--01028--022 **87.50

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FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

June 21, 2004

WILLIAM L. PORTER III 1936 BRUCE B. DOWNS BLVD., SUITE 301 WESLEY CHAPEL, FL 33543-9262

SUBJECT: SURGPRO, LLC Ref. Number: W04000019750

We have received your document for SURGPRO, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The document must contain the usual business addresses of its managing members or managers.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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) 245-6020.

Tammi Cline Document Specialist

Letter Number: 304A00035912



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

May 21, 2004

WILLIAM L. PORTER III 1936 BRUCE B. DOWNS BLVD., SUITE 301 WESLEY CHAPEL, FL 33543-9262

SUBJECT: SURGPRO, LLC Ref. Number: W04000019750

We have received your document for SURGPRO, LLC and check(s) totaling \$87.50 of which \$87.50 has been designated to file this document. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is an additional amount of \$37.50 due. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The fees to file a Florida Limited Liability Company or register a Foreign Limited Liability Company are as follows: \$100 filing fee; and \$25 registered agent designation fee. Please include an additional \$30 for each certified copy requested (optional) and \$5.00 for each certificate of status requested (optional).

The document must contain the usual business addresses of its managing members or managers.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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) 245-6020.

Tammi Cline Document Specialist

Letter Number: 304A00035912

SurgPro, LLC

June 9, 2004

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Subject: SurgPro, LLC

Ref. Number: W04000019750

We are designating Suzanne Isaacson as our registered agent. The address for this person is 9130 Rhett Lane, Weeki Wachee, FL 34613.

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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: SURG PRO 1 LLC (Name of corporation - must include suffix)
Dear Sir or Madam:
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.
Please return all correspondence concerning this matter to the following:
WILLIAM L. POPETER IN
(Name of Person) SURGPEO, LLC
(Firm/Company)
1936 BRUCE B. DOWNS BLVD SUITE 301
1936 BRUCE B. POWNS BLVD SUITE 301 (Address) WESLEY CHAPEL ICL 33543-9262 (City/State and Zip code)
For further information concerning this matter, please call:
(Name of Person) (Area Code & Daytime Telephone Number)
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:
□ \$70.00 Filing Fee □ \$78.75 Filing Fee & □ \$78.75 Filing Fee & □ \$87.50 Filing Fee, Certificate of Status Certified Copy Certified Copy Certified Copy

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: (Name of foreign limited liability company) (Jurisdiction under the law of which foreign limited liability company is organized)

3. July 2002 (Date of Organization) PEPETUAL_
(Duration: Year limited liability company will cease to exist or "perpetual") MAY 15, 2004
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.) 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: 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: Medical SALES DISTRIBUTOR 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.)

Typed or printed name of signee

WILLIAM L. PORTER III

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:	
SURGPRO, LLC	
2. The name and the Florida street address of the registered agent and office are:	
Suzanne Isaacson	•
(Name)	
9130 Rhett Lane	
Florida street address (P.O. Box NOT ACCEPTABLE)	
Weeki Wachee, FL 34613.	
(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.	
SSS SSS SSS SSS SSS SSS SSS SSS SSS SS	
(Signature)	TIED
(Signature)	•
\$ 100.00 Filing Fee for Application	
\$ 25.00 Designation of Registered Agent	
\$ 30.00 Certified Copy (optional)	
\$ 5.00 Certificate of Status (optional)	



State of North Carolina Department of The Secretary of State

CERTIFICATE OF EXISTENCE (Limited Liability Company)

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

SURGPRO, LLC

is a limited liability company duly formed under the laws of the State of North Carolina, having been formed on the 9th day of July, 2001, with its period of duration being 12/31/2051.

I FURTHER certify that the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act; and that the said limited liability company has not filed articles of dissolution as of this date of this certificate.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 2nd day of June, 2004.

6 laine S. Marshall

Secretary of State

Certification Number: 8744451-1 Page: 1 of 1 Ref.# 6007689-sw Verify this certificate online at www.secretary.state.nc.us/Verification.