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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2005 FEB 10 P 4: 04

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**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Morton Plant Gamma Knife, L.L.C.  
(Name of Limited Liability Company)

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

John M. Hakes  
(Name of Person)

U.S. Medical Management Services, L.L.C.  
(Firm/Company)

1522 W. Morris Street, Suite 200  
(Address)

Indianapolis, IN 46221  
(City/State and Zip Code)

For further information concerning this matter, please call:

Lisa M. Fortunato at ( 317 ) 634-2222  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee    ☒ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

February 4, 2005

JOHN M. HAKES  
U.S. MEDICAL MANAGEMENT SERVICES, L.L.C.  
1522 W. MORRIS STREET, SUITE 200  
INDIANAPOLIS, IN 46221

SUBJECT: MORTON PLANT GAMMA KNIFE, L.L.C.  
Ref. Number: W05000006005

We have received your document for MORTON PLANT GAMMA KNIFE, L.L.C. and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain the name, title, and business address of each managing member or manager who will manage the foreign limited liability company in the state of Florida. Please insert "MGRM" in the title portion for each managing member and "MGR" in the title portion for each manager.

Please return your document, along with a copy of this letter, within 60 days of 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: 505A00008153

2005 FEB 10 P 4:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

# 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 TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Morton Plant Gamma Knife, L.L.C.  
(Name of Foreign Limited Liability Company)
2. Indiana  
(Jurisdiction under the law of which foreign limited liability company is organized)
3. \_\_\_\_\_  
(FBI number, if applicable)
4. April 27, 2004  
(Date of Organization)
5. Perpetual  
(Duration: Year limited liability company will cease to exist or "perpetual")
6. N/A  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 1522 W. Morris Street, Suite 200, Indianapolis, IN 46221  
(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:

U.S. Medical Neuroscience Investments, L.L.C.

1522 W. Morris Street, Suite 200, Indianapolis, IN 46221

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 2005 FEB 10 P 4:05  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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: Perform Gamma Knife  
procedures.

John M. Hakes as Vice President of U.S. Medical Neuroscience Investments, L.L.C., 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 perjury that the facts stated herein are true.)

John M. Hakes

Typed or printed name of signer

**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:

Morton Plant Gamma Knife, L.L.C.

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

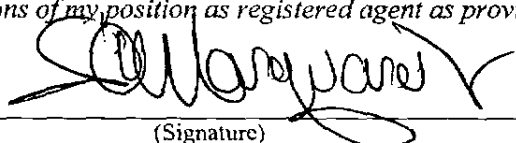
Jr.  
Emil C. Marquardt, Esq.  
(Name)

Intervest Bank Bldg., 625 Court Street, Suite 200  
Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

Clearwater FL 33756  
City/State/Zip

**FILED**  
2005 FEB 10 P 4:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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, Florida Statutes.*

  
(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 INDIANA  
OFFICE OF THE SECRETARY OF STATE  
CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greetings:

I, TODD ROKITA, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

**MORTON PLANT GAMMA KNIFE, L.L.C.**

duly filed the requisite documents to commence business activities under the laws of State of Indiana on April 27, 2004, and was in existence or authorized to transact business in the State of Indiana on January 20, 2005.

I further certify this Domestic Limited Liability Company (LLC) has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand  
and affixed the seal of the State of Indiana, at the  
city of Indianapolis, this Twentieth Day of January, 2005.

*Todd Rokita*

TODD ROKITA, Secretary of State

2004042900038 / 2005012049261

FILED  
2005 FEB 10 P 14:05  
SECRETARY OF STATE  
TALLAHASSEE, FL 32301