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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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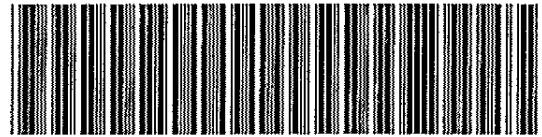
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

J. BRYAN JUL 13 2005

**FRIEDMAN, ROSENWASSER & GOLDBAUM**

A PROFESSIONAL ASSOCIATION  
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THE PLAZA • SUITE 801  
5355 TOWN CENTER ROAD  
BOCA RATON, FLORIDA 33486

TELEPHONE (561) 395-5511

TELEFAX (561) 368-9274

July 5, 2005

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

Re: **Application By Foreign LLC For Authorization To Transact Business In Florida**  
**Premier Health Services, LLC**  
Our File: 5728.1000

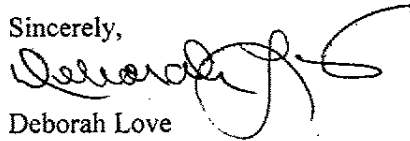
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TALLAHASSEE, FLORIDA

Dear Sir or Madam:

Please find enclosed a completed Application By Foreign Limited Liability Company for Authorization to Transact Business in Florida for **Premier Health Services, LLC**, along with the completed Certificate of Designation of Registered Agent and a check for \$155.00 to cover the filing fee, designation of registered agent fee, and the fee for a certified copy.

Should you require any additional information please do not hesitate contacting me.

Sincerely,



Deborah Love  
Assistant to Ronald N. Rosenwasser

enc.

cc.: Ronald N. Rosenwasser

**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. Premier Health Services, LLC  
(Name of foreign limited liability company)
2. Delaware  
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 81-0643957  
(FEI number, if applicable)
4. February 24, 2004  
(Date of Organization)
5. Perpetual  
(Duration: Year limited liability company will cease to exist or "perpetual")
6. \_\_\_\_\_  
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. 7200 W. Camino Real, Suite 300, Boca Raton, FL 33433  
(Street address if 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:  
Brad Goldstein  
7200 W. Camino Real, Suite 300, Boca Raton, Florida 33433

10. Attached is an original certificate of existence, no mote 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 testing and any services ancillary thereto.

  
\_\_\_\_\_  
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 here are true.)

Brad Goldstein  
\_\_\_\_\_  
Typed or printed name of signee

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TALLAHASSEE, FLORIDA

**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:  
Premier Health Services, LLC

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

Ronald N. Rosenwasser  
Friedman, Rosenwasser & Goldbaum, P.A.  
(Name)

5355 Town Center Road, Suite 801  
Florida street address (P.O. Box NOT ACCEPTABLE)

Boca Raton, FL 33486  
(City/State/Zip)

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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, F.S.*

Ronald N. Rosenwasser  
(Signature)

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

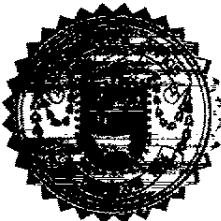
# Delaware

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*The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PREMIER HEALTH 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 TENTH DAY OF JUNE, A.D. 2005.

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TALLAHASSEE, FLORIDA



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*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 3942286

DATE: 06-10-05