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To:

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Fax Number : (850) 205-0383

From:

Account Name : SHUMAKER, LOOP & KENDRICK LLP

Account Number: 075500004387 Phone: (813)229-7600 Fax Number: (813)229-1660

## FLORIDA/FOREIGN LIMITED LIABILITY CO.

### PINNACLE HEALTH GROUP, L.L.C.

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

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January 24, 2006

FLORIDA DEPARTMENT OF STATE

Division of Corporations

SHUMAKER, LOOP & KENDRICK, LLP

SUBJECT: PINNACLE HEALTH GROUP, L.L.C.

REF: W06000003357

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 designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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Michelle Hodges Document Specialist FAX Aud. #: H06000019500 Letter Number: 106A00005032 01/23/2006 12:22

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PINNACLE

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

IN COMPLIANCE WITH SECTION GRADE FLORIDA STATUTES, THE POLLOWING IS SUBMITTED TO REGISTER A FOREIGN LEMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: 1. Pinnacie Health Group, L.L.C. (Name of Poreign Limited Liebility Company) 3. <u>58-2135768</u> Georgia (Jurisdiction under the law of which foreign imited liability (PEI number, if applicable) company is organized) 4, 10/24/1994 Perpetual (Duration: Year limited (lability company will cease to exist or "perpenual") (Deta of Organization) (Date first trianscood business in Florida, if prior to registration.) (See sections 603.501 & 609.502 F.S. to determine penalty liability) 7. 5887 Gienridge Drive, Suite 200 Atlanta, GA 30328 (Street Address of Principal Office) 8. If limited liability company is a manager-managed company, check here [7] 9. The name and usual business addresses of the managing members or managers are as follows: John R. Couvillon, 5887 Glanridge Dr., Suite 200, Atlenta, GA 30328 Michael P. Broxterman, 5887 Glenridge Dr., Suite 200, Atlanta, GA 30328 10. Attached is an original certificate of existence, no more than 90 days old, duly suther ticated by the official having custody of records in the jurisdiction under the law of which his organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under outh of the translator course be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: Physician Recruiting Signature of a member or an authorized representative of a member. (in accordance with accion 608.408(3), F.S., the execution of this document constitutes an althrmstion mater the penalties of parjury that the facts stated herein are true.) John R. Couvillon 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.

Pinnacle Health Group, L	1 1
2. The name and the Florida street add	dress of the registered agent and office are:
Ernest J. Marqua	art, Esq.
	(Name)
101 E. Kennedy	/ Blvd., Suite 2800
Plorida Stree	et Address (P.O. Box NOT ACCEPTABLE)
Tampa	FL 33602
	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, Florida Statutes.

Emart J. Marguart

\$ 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

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

COMPROL NUMBER : X501044 DATE INC/ANTH/FILED: 10/24/1994 JURISDICTION : GEORGIA PRINT DATE : 01/19/2006 FORM NUMBER

PINNACLE HEALTH GROUP FATRICIA MCHENRY 5887 GLENRIDGE DRIVE, NE SULTE 200 ATLANTA, GA 30328

#### CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of The base of Georgia, do hereby certify under the seal of my office that as of the above that date

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is in compliance with the applicable filing and angual registration provisions of Title 14 of the Official Cont of Georgia Amorated.

Said entity was formed in the jurisdiction stated above of was authorized to transact business in Georgia in the above of and has not filed articles of dissolution, certificate of dissolution of the Secretary of States

This certificate relates only to the legal existence of the above named entity as of the print data above. It does not certify whether or not a notice of intent to dissolve, an application terminated as a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This information is electrosically transmitted, issued and certified in accordance with the Georgia Electronic Terrords and Signatures Act and Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

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Cathy Cox Secretary of State