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Florida Department of State

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To:

Division of Corporations

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From:

: THE KIRWAN LAW FIRM Account Name

Account Number : I20020000151 : (407)210~6622 Phone

: (407)540-9484 Fax Number

FLORIDA/FOREIGN LIMITED LIABILITY CO.

HEALTH CARE SERVICES OF FLORIDA, LLC

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

HEALTH CAR	RE SERVICES OF FLORID				
* _	(Name of for	reign limited l	iability company)		<u>د</u> یا
Delaware		3, _20	4371913.		5 8
	the law of which foreign limited liab ompany is organized)		, ·	er, if applicable)	Zing MARA
February 24,	2006	5. 20	50 uration: Year limited	11.4.59	
(Dah	e of Organization)	(D	cxist of "	herbeggar _{in}) nathurri combania	WIII COMME TO
Upon qualific	ation				EE, FLOR
(Da	te first transacted business in Florida	(See section	ıs 608.501, 608.502,	and \$17.155, F.S.)	ي و
255 Citrus To	ower Blvd., Ste. 100		<u> </u>		
Clermont, Flo	orida 34711				→ ~
	(Street as	idress of prin	cipal office)		
. If limited liabili	ity company is a manager-man	aged comp	any, check here 星	2	
. The name and t	usual business addresses of the	managing	members or mana	gers are as follo	ws:
IDJB Investr	ments, LLC	 	1000		
265 Citrus T	ower Blvd., Ste. 100				····
Clermont, Fi	lorida 34711				
the jurisdiction un translation of the o	ginal certificate of existence, no more to der the law of which it is organized. (certificate under oath of the translator of incess or purposes to be conduc-	A photocopy i	is not acceptable. If the tted.)		neign language, a
	milities are put on modes of the limitarie	-		ed in the Certificat	c of
Formation on file	with the Secretary of State for the Sta	te of Delawar	e and as set forth in 6 l	Del. C. 18-215	
	Signature of a member or (In accordance with section 603.46 am affirmation under the penaltics	38(3), F.S., the	execution of this docum	nent constitutes	
	Adam O.				
	Typed or p	rinted name	of signee	· ··· · · - · · · · · · · · · · · · · ·	

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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. 2006 MARY - 9 MM 10: 15

1. The name of the Limited Liability Company is:

HEALTH CARE SERVICES OF FLORIDA, LLC

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

Robert Miner 255 Citrus Tower Blvd., Ste. 100 Florida street address (P.O. Box NOT ACCEPTABLE) Clermont 34711 FL. (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 eccept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all stander 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, P.S.

(Signature)

\$ 100.00 Filling Fee for Application \$ 25,00 Designation of Registered Agent 30.00 Certified Copy (optional) 5.00 Certificate of Status (optional)

Delaware The First State

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1, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HEALTH CARE SERVICES OF FLORIDA, 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-SEVENTH DAY OF FEBRUARY, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID "HEALTH CARE SERVICES OF FLORIDA, LLC" IS A SERIES LIMITED LIABILITY COMPANY.



Varnet Smith Hindson Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 4550432

DATE: 02-27-06

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