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(F	Requesto	r's Name)			
(A	\ddress)				
(A	\ddress)				
(City/State/Zip/Phone #)					
PICK-UP		WAIT	MAIL		
(Business Entity Name)					
(C	ocumen	t Number)			
Certified Copies	_	Certificates	of Status		
Special Instructions to	o Filing C	officer:			
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SECRETARY OF STATE
TAIL AHASSEE, FLORIDA

#### **COVER LETTER**

Division of Corporations							
SUBJECT: Midwest Healthcare Coding, LL	C led Liability Company)						
(Name of Limit	ica Elabinty Company)						
	bility Company for Authorization to Transact Business in omitted to register the above referenced foreign limited						
Please return all correspondence concerning this ma	atter to the following:						
John M. Nations							
(Nar	ne of Person)						
Nations, Hettenbach & Diehl, LLC							
(Firm/Company)							
13321 North Out	ter Forty Road; Suite 300						
(Address)							
Town & Country, Missouri 63017							
(City/State and Zip Code)							
(City/State and Zip Code)							
For further information concerning this matter, please call:							
John M. Nations	at ( 314 ) 863-6200						
(Name of Person)	(Area Code & Daytime Telephone Number)						
• MAILING ADDRESS:	STREET ADDRESS:						
Division of Corporations	Division of Corporations						
P.O. Box 6327	Clifton Building						
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301						
Enclosed is a check for the following amount:  \$\sum \\$125.00 \text{ Filing Fee} \sum \\$130.00 \text{ Filing Fee & Certificate of}\$	□\$155.00 Filing Fee & □\$160.00 Filing Fee, Certificate Status Certified Copy of Status & 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:

. Midwest Healthcare Coding, LLC (Name of Foreign Limited	I I is	ability Company)
, , ,		• • •
Missouri  (Jurisdiction under the law of which foreign limited liability company is organized)		43-1906562  (FEI number, if applicable)
October 4, 2000	5.	December 31, 2050
(Date of Organization)		(Duration: Year limited liability company will cease to exist or "perpetual")
Upon Qualification	ri.	(1. (C.))
(Date first transacted business in l (See sections 608.501 & 608.502 F	.S. (	to determine penalty liability)
16690 Swingley Ridge Road; Suite 120	0	
Chesterfield, Missouri 63017		
(Street Address	ss o	f Principal Office)
8. If limited liability company is a manager-manage	ed o	company, check here
9. The name and usual business addresses of the ma	ana	ging members or managers are as follows:
Dr. William V. Walker		
16690 Swingley Ridge Road; Suite 120		
Chesterfield, Missouri 63017		
10 Attached is an original certificate of existence, no more than 9	)O.d	ays old, duly authenticated by the official having custody of records in
the jurisdiction under the law of which it is organized. (A photoc		
translation of the certificate under oath of the translator must be su	ıbn	PA = 1
11. Nature of business or purposes to be conducted	or	promoted in Florida: The transactions of any or all lawful busing
for which a limited liability company may be organized pursuan	96	the Missouri Limited Liability Company Act and the laws of the State of Fl
124-/1/11		PLESS 5
(In accordance with section 608.408(3)	), F.	horized representative of a member S., the execution of this document constitutes bry that the facts stated herein are true.
Dr. William V. Walker	•	·
Typed or print	ted	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.

FLORIDA.	
1. The name of the Limited Liability Company is:	
Midwest Healthcare Coding, LLC	
2. The name and the Florida street address of the registered agent and office	are:
C T Corporation System	
(Name)	
1200 South Pine Island Road	
Florida Street Address (P.O. Box NOT ACCEPTABLE)	
Plantation, FL 33324	
City/State/Zip	
Having been named as registered agent and to accept service of process for the liability company at the place designated in this certificate, I hereby accept the agent and agree to act in this capacity. I further agree to comply with the proverlating to the proper and complete performance of my duties, and I am familia obligations of my position as registered agent as provided for in Chapter 608,	appointment as registered visions of all statutes ar with and accept the
Snis. Blen Asst. Sley (Signature)	TALLAHASSEE, FLOR
\$ 100.00 Filing Fee for Application	등급 으

\$ 25.00

Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

5.00 Certificate of Status (optional)

STATE OF MISSOURI



Robin Carnahan Secretary of State

## CORPORATION DIVISION CERTIFICATE OF GOOD STANDING

I, ROBIN CARNAHAN, Secretary of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

#### MIDWEST HEALTHCARE CODING, L.L.C. LC0043322

was created under the laws of this State on the 4th day of October, 2000, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I have set my hand and imprinted the GREAT SEAL of the State of Missouri, on this, the 1st day of May, 2006



Certification Number: 8668328-1 Reference:

