

M0600004091

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

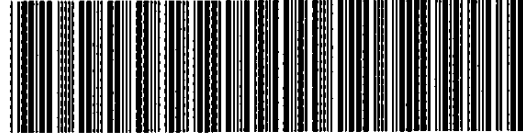
(Document Number)

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2006 JUL 21 P 3:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**FILED**

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

2006 JUL 21 P 3:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**SUBJECT:** The Little Clinic of Florida LLC  
(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:

Crystal L. Trent  
(Name of Person)

The Little Clinic  
(Firm/Company)

9721 Ormsby Station Rd., Suite 106  
(Address)

Louisville, KY 40223  
(City/State and Zip Code)

For further information concerning this matter, please call:

Crystal L. Trent at ( 502 ) 301-7422  
(Name of Person) (Area Code & Daytime Telephone Number)

**MAILING ADDRESS:**  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO  
TRANSACTION IN FLORIDA**

**FILED**

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:

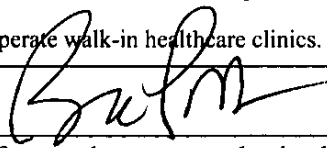
2006 JUL 21 FOREIGN 44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The Little Clinic of Florida LLC  
(Name of Foreign Limited Liability Company)
2. Delaware  
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 20-4236094  
(FEI number, if applicable)
4. February 1, 2006  
(Date of Organization)
5. Perpetual  
(Duration: Year limited liability company will cease to exist or "perpetual")
6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 9721 Ormsby Station Rd., Suite 106, Louisville, KY 40223  
9721 Ormsby Station Rd., Suite 106, Louisville, KY 40223  
(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:  
The Little Clinic LLC  
9721 Ormsby Station Rd., Ste. 106  
Louisville, KY 40223

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: The purpose of the limited liability company is to manage and operate walk-in healthcare clinics.

  
\_\_\_\_\_  
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.)  
Bradley H. Pruitt  
Typed or printed name of signee

**FILED**

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

2006 JUL 21 P 3:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:

The Little Clinic of Florida LLC

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

Corporation Service Company

(Name)

1201 Hays Street

Florida Street Address (P. O. Box NOT ACCEPTABLE)

Tallahassee

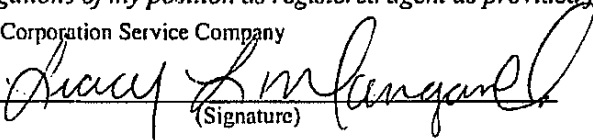
FL 32301

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.*

Corporation Service Company

By:

  
(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

PAGE 1

*The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "THE LITTLE CLINIC 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 FIFTH DAY OF JULY, A.D. 2006.



4103675 8300

060591002

*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 4875963

DATE: 07-05-06

STATE OF DELAWARE  
CERTIFICATE OF CONVERSION  
FROM A CORPORATION TO A  
LIMITED LIABILITY COMPANY PURSUANT TO  
SECTION 18-214 OF THE LIMITED LIABILITY ACT

- 1.) The jurisdiction where the Corporation first formed is Delaware.
- 2.) The jurisdiction immediately prior to filing this Certificate is Delaware.
- 3.) The date the corporation first formed is February 1, 2006.
- 4.) The name of the Corporation immediately prior to filing this Certificate is  
The Little Clinic of Florida, Inc.
- 5.) The name of the Limited Liability Company as set forth in the Certificate of  
Formation is The Little Clinic of Florida LLC

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the  
20th day of April, A.D. 2006.

The Little Clinic of Florida, Inc.

By:   
Authorized Person

Name: By: Bradley H. Pruitt, Secretary  
Print or Type

**STATE of DELAWARE  
LIMITED LIABILITY COMPANY  
CERTIFICATE of FORMATION**

- **First:** The name of the limited liability company is The Little Clinic of Florida LLC
- **Second:** The address of its registered office in the State of Delaware is 2711  
Centerville Road Suite 400 in the City of Wilmington, DE 19808. The  
name of its Registered agent at such address is \_\_\_\_\_  
Corporation Service Company
- **Third:** (Use this paragraph only if the company is to have a specific effective date of  
dissolution: "The latest date on which the limited liability company is to dissolve is  
\_\_\_\_\_.")
- **Fourth:** (Insert any other matters the members determine to include herein.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In Witness Whereof, the undersigned have executed this Certificate of Formation this

20th day of April, 2006.

The Little Clinic of Florida LLC

By:   
Authorized Person(s)

Name: By: Bradley H. Pruitt, Secretary  
Typed or Printed



# State of Delaware

SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 P.O. BOX 898  
 DOVER, DELAWARE 19903

060591002

9521314

07-05-2006

THE LITTLE CLINIC OF FLORIDA LLC  
 9721 ORMSBY STATION RD.  
 STE 106  
 LOUISVILLE KY 40223  
 ATTN: CRYSTAL L TRENT

DESCRIPTION	AMOUNT
THE LITTLE CLINIC OF FLORIDA LLC	
4103675 0265 Conv & form (Non-Corp)	
Conversion Fee	70.00
Franchise Tax Balance	35.00
Formation Fee	70.00
Court Municipality Fee, Wilm.	40.00
FILING TOTAL	215.00
THE LITTLE CLINIC OF FLORIDA LLC	
4103675 8300 Certificate in Re Short	
Certification Fee	30.00
FILING TOTAL	30.00
TOTAL CHARGES	245.00
TOTAL PAYMENTS	35.00
CHARGED TO ACCOUNT	210.00