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DATE:

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NAME:

ORTHONET, LLC

TYPE OF FILING: AUTHORIZATION TO TRANSACT BUSINESS

COST:

125.00

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AUTHORIZATION:

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: 1. OrthoNet LLC (Name of Foreign Limited Liability Company) 2. New York (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) 4. 3-30-95 perpetual (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual") 6. upon filing (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 7, 8050 S.W. 10 Street, Plantation, FL 33324 (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: David Burke, 1311 Mamaroneck Avenue, Ste. 240, White Plains, NY 10605 Kevin Kennedy, 1311 Mamaroneck Avenue, Ste. 240, White Plains, NY 10605 Roder Shedlin, 1311 Mamaroneck Avenue, Ste. 240, White Plains, NY 10605 Michael H. Singer, 1311 Mamaroneck Avenue, Ste. 240, White Plains, NY 10605 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: Medical Management of Musculosistletal Services for Health care Insurers and Other Health Care Payors. 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.) Michael H. Singer, Manager 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.

1. The name of the Lin	nited Liability Company is:
OrthoNet LLC	
2. The name and the Fl	orida street address of the registered agent and office are:
	Michael H. Singer
	(Name)
	c/o OrthoNet LLC, 8050 S.W. 10 Street
	Florida Street Address (P.O. Box NOT ACCEPTABLE)
Plant	ation _{FL} 33324
	City/State/Zip
liability company at the pagent and agree to act in relating to the proper and obligations of my position	egistered agent and to accept service of process for the above stated limited place designated in this certificate, I hereby accept the appointment as registered this capacity. I further agree to comply with the provisions of all statutes d complete performance of my duties, and I am familiar with and accept the n as negistered agent as provided for in Chapter 608, Florida Statutes.

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

State of New York Department of State | ss

I hereby certify, that ORTHONET LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 03/30/1995, and that the Limited Liability Company is existing so far as shown by the records of the Department. I further certify the following:

A Certificate of Amendment was filed on 02/02/1996.

A Certificate of Merger was filed on 08/14/1997.

Certificate of Change was filed on 08/25/2005.

A Biennial Statement was filed 05/11/2006.

I further certify, that no other documents have been filed by such Limited Liability Company.

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Witness my hand and the official seal of the Department of State at the City of Albany, this 18th day of August two thousand and six.

Daniel Shapiro

Special Deputy Secretary of State

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