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COVER LETTER

| _ | stration Section ion of Corporations | | | |
|---|---|--|---|-----|
| SUBJECT: | Midwest Medical Review, LLC | | | |
| | (Name of Limi | ted Liability Company) | | |
| Florida," Cer | | bility Company for Authorization to Transac bmitted to register the above referenced fore | | |
| Please return | all correspondence concerning this m | atter to the following: | | |
| | Joseph S. Burns, Esq. | | _ | |
| | (Nar | me of Person) | | |
| | Cors & Bassett, LLC | |)7 APR 25 (SECHELARY (ALLAHASSEE) | |
| | (Fire | m/Company) | 25 857 572 | i r |
| | 537 E. Pete Rose Way, Suit | | AM 9: 39 OF STATE E. FLORIDA | C |
| | • | (Address) | ₩ 99 | |
| | Cincinnati, Ohio 45202 | d agents, storing or an | | |
| | (City/Sta | ate and Zip Code) | | |
| For further in | nformation concerning this matter, plea | ase call: | | |
| Jose | eph S. Burns, Esq. | at (513) 852-8200 | | |
| | (Name of Person) | (Area Code & Daytime Telephone Num | nber) | |
| 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 | | |
| | a check for the following amount: 5.00 Filing Fee \$\square\$\$\$\$130.00 Filing Fee & Certificate of | □\$155.00 Filing Fee & □\$160.00 Filing Fee | e, Certificate & Certified Copy | |



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 13, 2007

JOSEPH S. BURNS ESQ 537 E PETE ROSE WAY, STE 400 CINCINNATI, OH 45202

SUBJECT: MIDWEST MEDICAL REVIEW, LLC

Ref. Number: W07000018176

We have received your document for MIDWEST MEDICAL REVIEW, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain the name, title, and business address of each managing member or manager who will manage the foreign limited liability company in the state of Florida. Please insert "MGRM" in the title portion for each manager.

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

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas Document Specialist

Letter Number: 007A00025028

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.

| The name of the Limited Liability Con- Midwest Medical Review, LLC | npany is: | |
|---|---|---|
| 2. The name and the Florida street address | s of the registered agent and office are: | 0 |
| CT Corporation Syste | m | FIL 07 APR 25 SECHETARI TALLAHASSE |
| | (Name) | FILE RETARY HASSE |
| 1200 South Pine Isla | and Road | |
| Florida Street A | ddress (P.O. Box <u>NOT</u> ACCEPTABLE) | 9: 3 STATI LORIC |
| Plantation, | _{FL} 33324 | ≥ o |
| · · | 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.

Carol Record

(Signature)

(Accistant Secretary

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

United States of America State of Ohio Office of the Secretary of State

I, Jennifer Brunner, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show MIDWEST MEDICAL REVIEW, LLC, an Ohio Limited Liability Company, Registration Number 1478545, was organized within the State of Ohio on July 22, 2004, is currently in FULL FORCE AND EFFECT upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 13th day of March, A.D. 2007

Ohio Secretary of State

Validation Number: V200772MB719C