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FLORIDA/FOREIGN LIMITED LIABILI

Reliant Healthcare, LLC

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

IN COMPLIANCE WITH SECTION 608-503, FLORIDA STATUTES, THE FOLLOWING IS SLEAMITTED TO REGISTER A POREIGN

	a, LLC				
(Name of For	sign Limited Lubility Company	y; must includ	le "Limited Lisbility Con ·	apany," "L.L.C.," or "	LLC.")
meent of the manug ompany," "L.L.C.,"	, enter alternate name adopted f pur or managing members adop "LLC.")	or the purpose sting the altern	of transacting business nate name. The alternate	in Florida and attach a name must include "L	copy of the wri imited Liability
Delaware		3.	04-3731494		
(Jurisdiction under company is organi	the law of which foreign limit zed)	ed liability	(FEI min	nber, if applicable)	
December 24, 20	02	5.	Perpetual		
(De	de of Organization)	<del></del>	(Duration: Year limite exist or "perpetual")	ed liability company v	vill ocase to
Upon Filing					
•	(Date first transacted by (See sections 608.501 &	18 inces in Flor 608,502 F.S. (	ida, if prior to registratio to determine penalty liab	<b>ումակ</b> ի Մալր	2001
2 Rivershase Off	ice Flaza, Suite 214			A H	
Birmingham, Ale	abama 35244			ASS	7 O
	(Str	est Address o	f Principal Office)	ran	<del></del> -
If limited liabi	lity company is a manager	-managed o	company, check here	<b> X</b>	n
The name and	usual business addresses	of the mana	ging members or man	<b> X</b>	ກ້
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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.

If name unavailable, the alternate name to be used in the state of Florida is:								
2. The name and the Florida street address of the registered agent and office are:								
	C T Corporation System	ZOOT /						
	(Name)	AUG ARETAI						
	1200 South Pine Island Road							
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	F SI						
	Plantation FI 33324	RATE OF THE						
	City/State/Zip	——————————————————————————————————————						

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.

C T Corporation System (Signature)

> \$ 100,00 Filing Fee for Application Designation of Registered Agent Certified Copy (optional) 30,00 Certificate of Status (optional) 5,00

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# Delaware

### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "RELIANT HEALTHCARE, 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 SEVENTEENTH DAY OF AUGUST, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RELIANT HEALTHCARE, LLC" WAS FORMED ON THE TWENTY-FOURTH DAY OF DECEMBER, A.D. 2002.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

070926585



AUTHENTICATION: 5934251

DATE: 08-17-07