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RE-SUBMIT

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FLORIDA/FOREIGN LIMITED LIABILITY

Centric Health Finance, LLC

Certificate of Status	0
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9269848098

10/9/2007

October 10, 2007

CT CORPORATION

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SUBJECT: CENTRIC HEALTH FINANCE, LLC

REF: W07000050027

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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Neysa Culligan Document Specialist FAX Aud. #: H07000250835 Letter Number: 907A00059450

RE-SUBMIT

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SECRETARY OF STATE

RECEIVED ON 4: 47
OF OCT 10 PH 4: 47
PALISHESSE FLORIDA

P.O BOX 6327 - Tailahassee, Florida 32314

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 EUSINESS IN THE STATE OF FLORIDA:

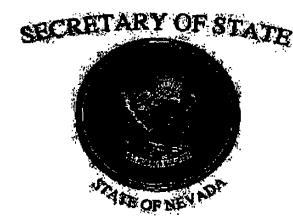
ı.	(Name of Foreign Limited Liability Company)	
1	Nevada. (Jurisdiction under the law of which foreign limited liability (PHI number, if applicable)	
	company is organized)	
4.	Peteruary 25, 2005 (Date of Organization) (Duration: Year limited liability company will occase in	
	exist or "perpetual")	
6.	N/A (Date first transacted business in Florids, if prior to registration.)	
	(See sections 608.501 & 608.502 F.S. to determine penalty liability)	
7.	4225 Executive Square Suite 200	
	Sen Diogo, CA 92037	
	(Street Address of Principal Office)	
2	If limited liability company is a manager-managed company, check here	# .!! COMPANY
٠.	The manufacture of the state of	(and the second
9.	The name and usual business addresses of the managing members or managers are as follows:	
	4225 Executive Square Suite 200 San Diego, CA 92037	
	RAT I	Carried Street
••		•
50 10	Attached is an original certificate of existence, no more finn 90 days old, duly authenticated by the official having stody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the c	B
is	in a foreign language, a translation of the certificate under oath of the translator must be submitted.)	et minstre
	·	
11	Nature of business or purposes to be conducted or promoted in Florida:	
	Business process outsourcing and frequent pervices.	,
	Mohn Elle General Counsel	
	Signature of a member of an authorized representative of a member.	
	(In accordance with action 608.408(3), F.S., the execution of this document constitutes an affirmation under the penaltics of perjury that the facts stated herein are true.)	
	Stephen White	
	Typed or printed name of signee	
L	7-metucra-mode	

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE FROVISIONS 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.

2. The name and	the Florida street address of the registered agent and off	ce are:	
	C T Comparation System	TAL	07
•	(Name)	LAH	000
	1200 South Pine Island Road	ASS.	وً
_	Florida Street Address (P.O. Box NOT ACCEPTABLE)	<u> </u>	PH
	Plantation, Florida 33324		
			\ddot{S}
itability company of agent and agree to	City/Suste/Zip ed as registered agent and to accept service of process for at the place designated in this certificate, I hereby accept act in this capacity. I further agree to comply with the p	the above stated limited the appointment as regi covisions of all statutes	ยา เม đ Istere
itability company of agent and agree to relating to the propobligations of my posteriors. By: M.T.	City/State/Zip ed as registered agent and to accept service of process for at the place designated in this certificate, I hereby accept	the above stated limited he appointment as regi- covisions of all statutes iliar with and accept the	ยา เม đ Istere
itability company of agent and agree to relating to the propobligations of my posteriors. By: M.T.	City/State/Zip and as registered agent and to accept service of process for at the place designated in this certificate, I hereby accept act in this capacity. I further agree to comply with the p per and complete performance of my duties, and I am fam position as registered agent as provided for in Chapter 60 T Corporation System (Signsturf)	the above stated limited the appointment as regi- cristons of all statutes titar with and accept the 8, Florida Statutes.	ยา เม đ Istere

9269848098 pz:91 4002/01/01



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title ? of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, CENTRIC HEALTH FINANCE, LLC, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since February 25, 2005, and is in good standing in this state.

Electronic Certificate Certificate Number: C20071009-0868 You may verify this electronic certificate online at http://secretaryofstate.blz/

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on October 9, 2007.

> ROSS MILLER Secretary of State

> > 10/10/2007 16:24 9269848098

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