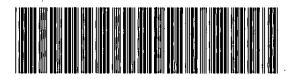
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PICK-UP	WAIT	MAIL.
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Certified Copies	Certificate	s of Status
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EXAMINER

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SECRETARY OF STATE
TALLAHASSEE, FINALE



ON SERVICE COMPANY.	ı
ACCOUNT NO. : 07210	0000032 FEC
REFERENCE : 41678	2 7541408
AUTHORIZATION RELEGIOR	
COST LIMIT : \$ 125	.00
ORDER DATE : January 24, 2008	Em.
ORDER TIME : 9:30 AM	
ORDER NO. : 416782-020	
CUSTOMER NO: 7541408	
	<b></b>
FOREIGN FILINGS	
NAME: DSI PHARMACY, LLC	
XXXX QUALIFICATION (TYPE: LL)	
PLEASE RETURN THE FOLLOWING AS PROOF OF	FILING:
CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING	
CONTACT PERSON: Kelly Courtney EXT#	2916

EXAMINER:

#### 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:

DSI Pharmacy, LLC	
(Name of Foreign Limited Liability Company; must includ	e "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose consent of the managers or managing members adopting the altern Company," "L.L.C.," "LLC.")	of transacting business in Florida and attach a copy of the written ate name. The alternate name must include "Limited Liability
2. Delaware 3.	26-1749557
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
	Perpetual
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
6. upon filing	
(Date first transacted business in Plori (See sections 608.501 & 608.502 F.S. to	da, if prior to registration.) o determine penalty liability)
7. 511 Union Street, Suite 1800	至 元
Nashville, Tennesse: 37219	25 P
(Street Address of	Principal Office)
8. If limited liability company is a manager-managed co	Principal Office)  Ompany, check here
9. The name and usual business addresses of the manag	ing members or managers are as follows:
DSI Renal Holdings LLC	
511 Union Street, Suite 1800	
Nashville, TN 37219	
10. Attached is an original certificate of existence, no more than 90 day the jurisdiction under the law of which it is organized. (A photocopy is ranslation of the certificate under eath of the translator must be submit	snot acceptable. If the certificate is in a foreign language, a
Nature of business or purposes to be conducted or p	romoted in Florida: Ownership and
operation of retail pharmacy.	
Signature of a plember or an authority accordance with section 608.406(3), F.S., an offination under the penalties of perjury Lay Yalowitz	orized representative of a member. the execution of this document constitutes that the facts stated herein are true.)
Typed or printed n	ame 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 Limited Liability Company is:	
DSI Pharmacy, LLC	
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:	
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 registagent 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  Signature)	terec
\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent	

\$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)

## Delaware

#### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DSI PHARMACY, 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 TWENTY-THIRD DAY OF JANUARY, A.D. 2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DSI PHARMACY, LLC" WAS FORMED ON THE FIFTEENTH DAY OF JANUARY, A.D. 2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

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080074173

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6330912

DATE: 01-23-08

Warret Smith Hundson

You may verify this certificate online at corp.dolawars.gov/authver.shtml