10800000544 Division of Cor

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Florida Department of State

Division of Corporations Public Access System

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

Ancillary Services Management, 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 SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Ancillary Services Management, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LL.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limite's Liability Company," "L.L.C.," "LLC.") Ohio (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) 1/11/90 (Converted from corp. to LLC in OH eff. 11/1/Q7) Perpetual (Duration: Year limited liability company will crass to (Date of Organization) exist or "perpetual") (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 333 N. Summit Street Toledo, Ohio 43604 (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: Matthew S. Kang, 333 N. Summit Street, Toledo, OH 43604 10. Attached is an original certificate of existence, no more than 90 days old, thirly 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: Provide Medicare billing SELVICES. Signature of a member of 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 parjucy that the facts stated herein are true.)

Typed or printed name of signee

PL057 - 06/29/2007 CT System Outline

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Matthew S. Kang, Manager and Authorized Representative

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, PLORIDA 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 t	the Limited Liability Comp	any is:			
Ancillary Services Management, LLC					
If name unavaila	ble, the alternate name to b	e used in the state of	Florida is:		
2. The name and	I the Florida street address	of the registered age	nt and office are:		
	СТ	Corporation System		•	
•	(Name)				
	1200 S	South Pine Island Road		部 等 可	
•	Florida Street Address (P.O. Box NOT ACCEPTABLE)				
	Plantation	FL	33324	ASSI ASSI	
•		City/State/Zip			
liability company agent and agree t relating to the pro obligations of my		his certificate, I hereb her agree to comply v nce of my duties, and	y accept the appoint with the provisions of I am familiar with a	ment as registefed fall statutes vid accept the	
• •	\$ 100.00 \$ 25.00 \$ 30,00 \$ 5.00	Filing Fee for App Designation of Re Certified Copy (o) Certificate of Stat	gistered Agent ptional)		

FI-057 - 06/28/2007 C T System Oddies

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 ANCILLARY SERVICES MANAGEMENT, LLC, an Ohio Limited Liability Company, Registration Number 764524, was organized within the State of Ohio on January 11, 1990, 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 9th day of January, A.D. 2008

Ohio Secretary of State

Validation Number: V20089J50234