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ELORIDA/FOREIGN LIMITED LIABILITY CO.

Stereotactic Radiosurgery Systems of Brandon, LLC

| Certificate of Status | 0 |
|-----------------------|----------|
| Certified Copy | 1 |
| Page Count | 04 |
| Estimated Charge | \$155.00 |

J. BRYAN

APR 2 2 2008

EXAMINER

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Help

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

| Stereotectic Radiosurgery Systems of Brandon, LLC | | | | | | |
|--|--|---|--|--|--|--|
| (Name of Fore | ign Limited Liability Company; m | ist Include "Limited Liability Company," "L.L.C.," or "LLC.") | | | | |
| | ers or managing members adopting | e purpose of transacting business in Florida and attach a copy of the alternate name. The alternate name must include "Limited Li | | | | |
| | Delaware | 3. Applied for | | | | |
| urisdiction under impany is organia | the law of which foreign limited (in add) | ibility (FEI number, if applicable) | | | | |
| | 4/16/2008 | 5. Perpatual | | | | |
| (Da | e of Organization) | (Duration: Year limited liability company will cease axist or "perpetual") | | | | |
| <u> </u> | ASIA F | | | | | |
| | (See sections 608.501 & 608.1 | s in Florida, if prior to registration.) 02 F.S. to determine penalty liability) | | | | |
| One Park Plaza | | | | | | |
| Nashville, TN 37 | 202 | | | | | |
| IAWRIAINE' 114 25 | | | | | | |
| f limited liabil | | naged company, check here | | | | |
| The name and | ity company is a manager-ma | naged company, check here 🔀 e managing members or managers are as follows: | | | | |
| The name and | ity company is a manager-ma | naged company, check here 🔀 e managing members or managers are as follows: 37203 | | | | |
| The name and A. Bruce Moore, R. Milton Johnso | ity company is a manager-ma usual business addresses of th Ir., One Park Piaza, Nashville, TN | naged company, check here e managing members or managers are as follows: 37203 | | | | |
| The name and A. Bruce Moore, R. Milton Johnso Robert Samuel H Attached is an origination under the certification of the certification o | ity company is a manager-mausual business addresses of the Jr., One Park Plaza, Nashville, TN 3 ankins, Nashville, TN | naged company, check here e managing members or managers are as follows: 37203 7203 The TN 37203 The 90 days old, duly authenticated by the official having custody of actocopy is not acceptable. If the certificate is in a foreign language, be submitted.) | | | | |
| The name and A. Bruce Moore, R. Milton Johnso Robert Samuel H Attached is an origination under the certification of the certification o | ity company is a manager-mausual business addresses of the Ir., One Park Plaza, Nashville, TN 3 ankins, Ir., One Park Plaza, Nashville, Ir., One Park Plaza, Ir., One Park Plaza, Ir., One Park Plaza, Nashville, Ir., | e managing members or managers are as follows: 37203 7203 The TN 37203 The 90 days old, duly authenticated by the official having custody of actocopy is not acceptable. If the certificate is in a foreign language, be submitted.) Steed or promoted in Florida: Health care related business Blauthurl | | | | |
| The name and A. Bruce Moore. R. Milton Johnso Robert Samuel H Amached is an orig risdiction underd lation of the certifi Nature of busi | ity company is a manager-mausual business addresses of the Jr., One Park Plaza, Nashville, TN n., One Park Plaza, Nashville, TN near conference of existence, no most in lease of which it is organized. (A pricate under oath of the translator must ness or purposes to be conducted to the conducted of a member of the decordance with section 603.4 | e managing members or managers are as follows: 37203 7203 11e, TN 37203 1am 90 days old, duty authernicised by the official having custody of notocopy is not acceptable. If the certificate is in a foreign language, be submitted.) Sted or promoted in Florida: Health care related business Alculum an authorized representative of a member. 08(3), F.S., the execution of this document countitates | | | | |
| The name and A. Bruce Moore. R. Milton Johnso Robert Samuel H Amached is an orig risdiction underd lation of the certifi Nature of busi | ity company is a manager-mausual business addresses of the Ir., One Park Plaza, Nashville, TN in. One Park Plaza, Nashville, TN is ankins. Ir., One Park Plaza, Nashville, TN is ankins. Ir., One Park Plaza, Nashville, TN is a carbicate of existence, no most in law of which it is organized. (A pricate under oath of the translator must ness or purposes to be conducted in a conducted in a firm of a member of the accordance with section 603.4 an uffirmation under the penaltist | e managing members or managers are as follows: 37203 7203 The TN 37203 The 90 days old, duly authenticated by the official having custody of notocopy is not acceptable. If the certificate is in a foreign language, be submitted.) Steed or promoted in Florida: Health care related business Blander an authorized representative of a member. | | | | |

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.

| I. The name of the | ne Limited Liability Comp | oany is: | | | | | |
|---|--|--|--|----------------------------------|--|--|--|
| | Stereotactic | Radiosurgery System | s of Brandon, 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 a | gent and office are: | | | | |
| | cı | Corporation System | | | | | |
| - | | (Name) | | | | | |
| | 1200 South Pine Island Road | | | | | | |
| • | Florida Street Add | iress (P.O. Box <u>NOT</u> | ACCEPTABLE) | | | | |
| | Plantation | Fl. | 33324 | | | | |
| TO ALL | ···· | City/State/Zip | | | | | |
| liability company of agent and agree to relating to the prop obligations of my p | nt the place designated in to act in this capacity. I furt per and complete performa position as registered agent T Corporation System | his certificate, I her her agree to compl ince of my duties, a | process for the above stated leepy accept the appointment as with the provisions of all stand accept am familiar with and acceptance 608, Florida Statutes | s registered tutes ept the | | | |
| | \$ 100,00 \$ 25,00 \$ 30,00 \$ 5,00 | Designation of | Registered Agent (optional) | | | | |

Delaware

DAGE.

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "STEREOTACTIC RADIOSURGERY SYSTEMS OF BRANDON, 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 EIGHTEENTH DAY OF APRIL, A.D. 2008.

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

SECRETARY OF STATE OF STATE OF CORPORATIONS

4534863 8300

080451104

You may varify this certificate onling at cosp. delaware. gov/authver. shtml

Daniel Smile Hinden

Harriet Smith Windsor, Secretary of Stat

AUTHENTICATION: 6534763

DATE: 04-18-08