Division of Corporations

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ic A Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document. (((H08000216076 3))) H080002160763ABC/ Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet. To: Division of Corporations Fax Number : (850)617-6383 AH 10: From: Account Name + C T CORPORATION SYSTEM Account Number : FCA00000023 Phone ភ : (850)222-1092 Fax Number : (850)878-5926 ORIDA/FOREIGN LIMITED LIABILITY CO. H و PF Development 5, L.L.C. 08 SEP 1 D. BRUCE Certificate of Status 1 Certified Copy 0 SEP 17 2008 Page Count 04 **EXAMINER** Estimated Charge \$130.00 Electronic Filing Menu Corporate Filing Menu Help

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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;

1. PF Development 5, L.L.C.

(Name of Foreign Limited Liability Company; must include "Limited Liability Company,""L.L.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 "Limited Liability Company," "L.L.C.," "LLC.")

2.	Delaware	3.	26-0718044		
	(Jurisdiction under the law of which foreign limited liability company is organized)	2.	(FEI number, if applicable)		
4.	8/14/07	5.	Perpetual		
	(Date of Organization)		(Duration: Year limited liability company will cease to exist or "perpetual")	•	
б.	N/A				
	(Date first transacted business in F (See sections 608.50) & 608.502 F.	lori S. ti	da, if prior to registration.) o determine penalty liability)		
7.	680 South Fourth Street		Z006		
	Louisville, KY 40202		CRET	Π	•
•	(Street Addres	s ol	Principal Office)		
8.	If limited liability company is a manager-manage	d c	ompany, check here		
9.	The name and usual business addresses of the man	naf	ging members or managers are as follows		
	Christopher M. Bird, 680 South Fourth Street, Louisville, H		വല് വ	I	
	Richard E. Chapman, 680 South Fourth Street, Louisville,	ĸΥ	40202		
	Richard A. Lechleiter, 680 South Fourth Street, Louisville,	K١	(40202		
the). Attached is an original certificate of existence, no more than 90 e jurisdiction under the law of which it is organized. (A photoco inslation of the certificate under oath of the translator must be sub	pyi	is not acceptable. If the certificate is in a foreign language, a	xets in	

11. Nature of business or purposes to be conducted or promoted in Florida: healthcare services

(In accordance with section (or an authorized representative of a member. 608.408(3), F.S., the execution of this document constitutes baltics of perjury that the facts stated herein are true.)
Richard A. Lechleiter, Ma	nager
Typed	or printed name 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:

PF Development 5, L.L.C.

If name unavailable, the alternate name to be used in the state of Florida is:

N/A

2. The name and the Florida street address of the registered agent and office are: C T Corporation System (Name) 1200 South Pine Island Road Florida Street Address (P.O. Box NOT ACCEPTABLE) Plantation FL 33324 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 registered agent 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.

C T Corporation System Signature) \$ 100.00 **Filing Fee for Application** 25.00 Designation of Registered Agent \$ \$ 30.00 **Certified Copy (optional)** S 5.00 Certificate of Status (optional)



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The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PF DEVELOPMENT 5, L.L.C." 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 TENTH DAY OF SEPTEMBER, A.D. 2008.

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

> FILED 2008 SEP 16 AH 10: 16 SECRETARY OF STATE TALLAHASSEE.FLORID.

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080943839 You may verify this cartificate online at corp.delwarg.gov/authvor.shimi Harriel Smile Hundson

Harriet Smith Windsor, Secretary of State AUTHENTICATION: 6842848

DATE: 09-10-08