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GENOA HEALTHCARE, LLC

J. BRYAN

APR 3 0 2010

EXAMMER

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: Genoa Healthcare, LLC (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.") Oregon (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) February 11, 2002 (Date of Organization) (Duration: Year limited liability company will 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) 7 510 East Main Street, Auburn, Washington 98002 (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: Genou Healthcare Holdings, LLC, 510 Epst Main Street, Auburn, Washington 98002 10. Attached is an original certificate of existence, no more than 90 days old, duly authoriticated 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.) Hiring of employees 11. Nature of business or purposes to be conducted or promoted in Florida: ____ to dispense drugs and provide monitoring and other services Signature of a member or 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 penaltics of perjury that the facu stated herein are true.)

Kevin Martyn, President

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.

	Genoa	a Healthcare, LLC					
If unavailable, the alterna	te to be used in the	state of Florida is:					
2. The name and the Plon	rida street address o	of the registered agent and office are:	10 APR 29 SECRETARY				
	C T Corporation System						
	<u> </u>						
	STATE FLORID						
	Florida Street Address (P.O. Box NOT ACCEPTABLE)						
	Plantation	FL 33324					
		City/Stute/Zip					
liability company at the pla agent and agree to act in the relating to the proper and obligations of my position C T Corporation S By:	ace designated in th his capacity. I furth complete performan as registered agent system	o accept service of process for the abovis certificate, I hereby accept the appoint agree to comply with the provisions noe of my duties, and I am familiar with as pravided for in Chapter 608, Florid	intment as registered of all statutes and accept the				
(20)	_{lature)} Rene	e Cruz, Asst. Secretary					
	\$ 100.00	Filing Fee for Application					

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

CERTIFICATE

State of Oregon

OFFICE OF THE SECRETARY OF STATE Corporation Division

I, KATE BROWN, Secretary of State of Oregon, and Custodian of the Seal of said State, do hereby certify:

GENOA HEALTHCARE, LLC

was

organized

under the Oregon

Limited Liability Company Act

on

February 11, 2002

and is active on the records of the Corporation Division as of the date of this certificate.

SECRETARY OF STATE TAIL AHASSEE, FLORIDA



In Testimony Whereof, I have hereunto set my hand and affixed hereto the Seal of the State of Oregon.

KATE BROWN, Secretary of State

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Jodi Forsberg

March 24, 2010

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