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EXAMINER

2010 MAY -4 PM 1: 23
SECRETARY OF STATE
AND ASSEE, FLORIDA

COVER LETTER

| то: | Registration Section Division of Corporations | | | |
|-----------|--|---|---|----------------|
| SUBJEC | cr:Can | ndescent Healing, LLC | | |
| | | Name of Limited Liability Company | | |
| | | Liability Company for Authorization to T ne above referenced foreign limited liabili | | |
| Please re | turn all correspondence concerning this | s matter to the following: | | |
| | | Robert Nixon | | |
| | | Name of Person | | |
| | | | | |
| | | Candescent Healing, LLC | | |
| | | Firm/Company | | |
| | | 32 Elm Place | | |
| | | Address | | |
| | | | | |
| | | Rye, NY 10580 | | |
| | | City/State and Zip Code | | |
| | Rn | ixon@candescenthealing.com | | |
| | | s: (to be used for future annual report not | ification) | |
| For furth | er information concerning this matter, p | please call: | | |
| | Alicia Wyman, Esq | 617 \ | 834-7612 📆 😅 | |
| | Name of Person | . at (617) Area Code & Daytime Telephon | e Number | ا مسئل ارده |
| | MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 | STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | 834-7612 ZOIO MAY -4 PM 1: 23 e Number e Number | |
| Enclose | ed is a check for the following an | nount: | | |
| | | filing Fee & Status S155.00 Filing Fee & Certified Copy | \$160.00 Filing Fee, Certificate of Status & Certified Copy | |

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. | Candescent Healing, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") | |
|-----|---|---------------------------|
| | (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") | |
| COI | name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the vinsent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liabiliompany," "L.L.C," "LLC.") | |
| 2. | Delaware 3, 27-0850121 | |
| 1 | Delaware 3. 27-0850121 (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable) | |
| 4. | August 31, 2009 5. perpetual | |
| | (Date of Organization) (Date of Organization) 5. perpetual (Duration: Year limited liability company will cease to exist or "perpetual") | |
| 6. | NA . | |
| | (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) | |
| 7. | 32 Elm Place, Rye, NY 10580 | |
| | | |
| | (Street Address of Principal Office) | |
| | If limited liability company is a manager-managed company, check here The name and usual business addresses of the managing members or managers are as follows: | |
| 9. | | يمرين. في في مستنسب |
| | Please see attached sheet | F |
| | mo p | 1 |
| | FIST - | * |
| | 24 2 26 2 | |
| the | . Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of recessive jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a relation of the certificate under eath of the translator must be submitted.) | ords in |
| 11 | . Nature of business or purposes to be conducted or promoted in Florida: | |
| | The management of wound healing centers and all other lawful activities | |
| | | |
| | Signature of a member or ap 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 perjury that the facts stated herein are true.) | |
| | Robert Nixon, CEO | |
| | Typed or printed name of signee | |

Names and Business Addresses for Managers of Candescent Healing, LLC

Stephen M. Jenks Alexander S. McGrath Karen S. Donovan David E. Williams c/o Candescent Partners, LLC 2 Oliver Street Boston, MA 02109

Robert Fein c/o Crossways Associates, LLC 3 Crossways Park West Woodbury, NY 11791

Cindy Glasby c/o First Rock Trustees Ltd. PO Box 743 Suite 5 Watergardens 4 Watersport, Gibraltar

Matt Keis c/o Gemini Investors IV, L.P. 20 William Street Suite 250 Wellesley, MA 02481

D. Andrew Tatman, II c/o Harbert Management Corporation 618 Church Street Suite 500 Nashville, TN 37219

Joel Macher 25 Artisan Avenue Huntington, NY 11743

Alan Richer 30 West Overlook Port Washington, NY 11050



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 Lim | ited Liability Company is: | |
|---|---|--|
| | Candescent Healing, LLC | |
| If unavailable, the altern | nate to be used in the state of Florida is: | |
| 2. The name and the Flo | orida 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 | د. د |
| | City/State/Zip | SEC |
| liability company at the pagent and agree to act in relating to the proper and | egistered agent and to accept service of process for the above sta place designated in this certificate, I hereby accept the appointm this capacity. I further agree to comply with the provisions of a d complete performance of my duties, and I am familiar with and n as registered agent as provided for in Chapter 608, Florida Sta | ent as registered Ill statutes 3 Il accept the accept the accept the |
| By: C T Corporation (Signature of Signature | gnature) | ©m ω |
| Vice Presider | \$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional) | |

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "CANDESCENT HEALING, 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 FIFTEENTH DAY OF APRIL, A.D. 2010.

4725686 8300

100389823

Jeffrey W. Bullock, Secretary of State

AUTHENT CATION: 7934762

DATE: 04-15-10

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