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(City/State/Zip/Phone #)

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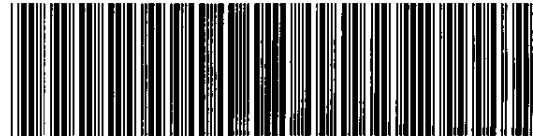
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TALLAHASSEE, FLORIDA

C. LEWIS
OCT 21 2010
EXAMINER



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Stratton Smith, JD, LLM

Virginia Lee Dickman, PLS[†], FRP[‡]
Susan A. Smith, FRP[‡]

October 19, 2010

Secretary of State
State of Florida

via Federal Express

Re: Trinity Medical Center LLC

Dear Clerk,

Enclosed please find:

Cover letter to the Registration Section
Completed Application by Foreign Limited Liability Company for Authorization to
Transact Business in Florida
Certificate of Existence Limited Liability Company (South Dakota)
Our trust account check in the amount of \$155.00 for filing fees
A pre-paid return federal express envelope

If there are any questions or concerns, please call me at 800-966-1624 **immediately**.

Thank you,

Susan A. Smith, FRP
Florida Registered Paralegal

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Trinity Medical Center, LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Susan Smith
Name of Person

Stratton Law Firm
Firm/Company

609 W. Azeele Street
Address

Tampa, Florida 33606-2205
City/State and Zip Code

susan@strattonlaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Susan Smith at (813) 251-1624
Name of Person Area Code & Daytime Telephone Number

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

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☒ \$155.00 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:

Trinity Medical Center, LLC

1. _____
(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. South Dakota 3. 27-3582692
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 9-30-2010 5. Perpetual
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 3922 Premier North Drive
Tampa, FL 33618
(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:

Mark R. Gerenger 52 Riley Rd, Ste. 155, Celebration, FL 34747

Dhvanit A. Patel 3922 Premier North Drive, Tampa, FL 33618

Kiran C. Patel 3922 Premier North Drive, Tampa, FL 33618

10. Attached is an original certificate of existence, no more than 90 days old, duly 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: _____

Investments

Mark R Gerenger
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 penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Mark R. Gerenger

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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:

Trinity Medical Center, LLC

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

2. The name and the Florida street address of the registered agent and office are:

Stratton Law Firm

(Name)

609 W. Azeele Street

Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

Tampa

FL

33606

City/State/Zip

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.



(Signature)

| | |
|-----------|----------------------------------|
| \$ 100.00 | Filing Fee for Application |
| \$ 25.00 | Designation of Registered Agent |
| \$ 30.00 | Certified Copy (optional) |
| \$ 5.00 | Certificate of Status (optional) |

State of South Dakota



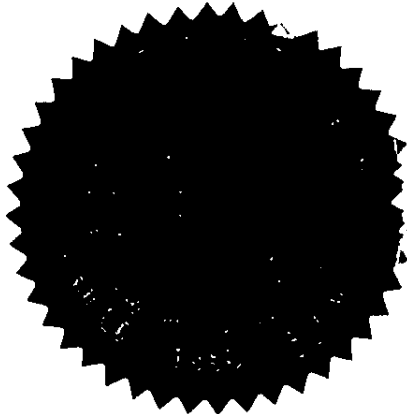
OFFICE OF THE SECRETARY OF STATE

Certificate of Existence Limited Liability Company

ORGANIZATIONAL ID #: DL022524

I, **Chris Nelson**, Secretary of State of the State of South Dakota, do hereby certify that **TRINITY MEDICAL CENTER, LLC** was duly organized under the laws of this state on **September 30, 2010** for a **perpetual** term of existence.

I, further certify that said Limited Liability Company has complied with the laws of this State relative to the formation of Limited Liability Companies of its kind and is now a regularly and properly organized and existing Limited Liability Company under the laws of this State and is in good standing, as shown by the records of this office. The annual report required by law has been filed with our office and articles of termination have not been filed. This certificate is not to be construed as an endorsement, recommendation or notice of approval of the Limited Liability Company's financial condition or business activities and practices. Such information is not available from this office.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of South Dakota, at Pierre, the Capital, this October 15, 2010.

Chris Nelson

Chris Nelson
Secretary of State