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SECRETARY OF STATE DIVISION OF CORPORATION

N. Culligan NOV 2 2010



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 19, 2010

VICKY LAYMON-SMITH 7801 ALMA DRIVE, SUITE 105 PLANO, TX 75025

SUBJECT: PROASSIST SURGICAL ASSOCIATES, LLC

Ref. Number: W10000049018

We have received your document for PROASSIST SURGICAL ASSOCIATES, LLC and your check(s) totaling \$160.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan Regulatory Specialist II

Letter Number: 910A00024652

COVER LETTER

TO:

Registration Section

Division of Corporations				
SUBJECT: PROASSIST SURGICAL ASSOCIATES, LLC Name of Limited Liability Company				
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certific Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in I				
Please return all correspondence concerning this matter to the following:				
VIKKI LAYMON-SMITH Name of Person				
PROASSIST SURGICAL ASSOCIATES, LLC Firm/Company				
7801 ALMA DRIVE, SUITE 105, BOX 104 .				
PLANO, TX 75025 City/State and Zip Code				
Vikki.smith@proassistsa.com E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
VIKKI LAYMON-SMITH at (214) 714-7010 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 Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301				
Enclosed is a check for the following amount:				
\$125.00 Filing Fee \$\int \$130.00 Filing Fee & \$\int \$155.00 Filing Fee & \$\int \$160.00 Filing Fee, Certificate Copy 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	PROASSIST SURGI	CAL ASSOCIATES LLC		
(Name of Foreign Lin	nited Liability Company; must in	CAL ASSOCIATES, LLC clude "Limited Liability Company," "L.L.C.," or	"LLC.")	•
(If name unavailable, enter a consent of the managers or n Company," "L.L.C," "LLC."	nanaging members adopting the a	rpose of transacting business in Florida and attach alternate name. The alternate name must include "I	a copy of the Limited Liabil	written ity
2T	EXAS	3. 27-0738072 (FEI number, if applicable)		
(Jurisdiction under the law company is organized)	of which foreign limited liability			
410/0	1/2007	5. PERPETUAL (Duration: Year limited liability company or "nerretual")		
(Date of O	rganization)	(Duration: Year limited liability company exist or "perpetual")	will cease to	0
6. OCTOBER 1, 2010)			Z≤
(S	(Date first transacted business in see sections 608.501 & 608.502 F	Florida, if prior to registration.) S.S. to determine penalty liability)) NOV -2	SION
7. 2150 S. CENTRAL	EXPWY, SUITE 130			. 무롱:
MCKINNEY, TX 7	5070			Yers Corro
MOMMET, IX		ess of Principal Office)		. In
9 If limited lightlity as		ad company check have	ख ध्य	A
o. If fiffice flability co	mpany is a manager-manag	ed company, check here	တ	2
9. The name and usual	business addresses of the m	anaging members or managers are as follo	ws:	
Michael W. Fuller.	7801 Alma Drive, Suite	105, Box 104, Plano, TX 75025		
	, oo , , and on to, out o			•
				•
-	•	90 days old, duly authenticated by the official having	•	ords in
	of which it is organized. (A photoc deroath of the translator must be s	copy is not acceptable. If the certificate is in a foreignubmitted.)	n language, a	
11. Nature of business	or purposes to be conducted	or promoted in Florida:		•
	Surgical	assistance		.•
	Mail	Lille		
		authorized representative of a member.), F.S., the execution of this document constitutes		
		perjury that the facts stated herein are true.)		
·ME		ael W. Fuller		
	Typed or print	ted name of signee		

STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

DATE:

SEPTEMBER 27, 2010

ENTITY NAME: PROASSIST SURGICAL ASSOCIATES, LLC

REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated 236 East 6th Avenue Tallahassee, FL 32303

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in that capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statutes.

Ninh Ho, Assistant Secretary

Paracorp Incorporated

Hope Andrade Secretary of State

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Office of the Secretary of State

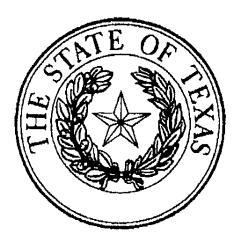
Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for PROASSIST SURGICAL ASSOCIATES, LLC (file number 800875808), a Domestic Limited Liability Company (LLC), was filed in this office on September 25, 2007.

It is further certified that the entity status in Texas is in existence.

Delayed Effective date: October 01, 2007

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on November 06, 2009.



Hope Andrade Secretary of State