Page 1 of 1

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(((H110000553563)))



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To:

Division of Corporations

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: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023 Phone

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Foreign Limited Liability Company Whitaker Medical, LLC

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J. SAULSBF-**EXAMINE**

MAR 0 3

COVER LETTER

	gistration Section vision of Corporations		•
SUBJECT:	whitaker medical, llc		
		Name of Limited Liability Company	
The enclose Existence, a	ed "Application by Foreign Limite and check are submitted to registe	ed Liability Company for Authorization to Transact Business in Fi or the above referenced foreign limited liability company to transac	lorida," Certificate of et business in Plorida.
Please return	n all correspondence concerning	this matter to the following:	
	Cheryl Evens		
		Name of Person	
	Whitalox Medical, LUC		2011 TALL
	`	Piro/Company	HAR
	1200 Enclave Parkway, Suit	te 200	ASSES
	Address		977
	Houston, TX 77077		PH 2:
		City/State and Zip Code	RIDER SE
	cheryl.evana@whitoos.com	•	
•	E-mail add	mss: (to be used for future annual report notification)	
For further i	information concerning this matte	m, please call:	
Che	eryl Evans	at (281 870-1000	
	Name of Person	Area Code & Daytime Telephone Number	
Dis Rej P.C	ALLING ADDRESS: vision of Corporations gistration Section D. Box 6927 llahassec, PL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
	is a check for the following 25.00 Filing Fee \$130.00 Fil Contificate	ling Fee & 3155.00 Filing Fee & 5160.00 Filing Foc. C	

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Curisdiction under the law of which foreign limited liability (PEI number, if applicable) Super 30, 2007 (Date of Organization) (Date first transposed business in Florida, if prior to registration.) (See sections 608.501 & 608.502 P.S. to determine penalty liability) 1200 Enclave Parleway, Suite 200, Houston, TX 77077 (Street Address of Principal Office) (If limited liability company is a manager-managed company, check here Imagers are as follows:	INTED LIABILITY COMPANY TO TRANSACT I		
Interest of the managers or managing members adopting the alternate risms. The alternate name must include "Limited Liability company," "L.L.C." "ZLC.") Texas (**Cultrisdiction under the law of which foreign limited liability company is organized) June 30, 2007 (**Date of Organization) (**Date first transaceed business in Plorida, if prior to registration,") (**See sections 608-501 & 608-502 P.S. to determine penalty liability) [*Server Address of Principal Office) (**Street Address of Principal Office) (**Street Address of Principal Office) (**The name and usual business addresses of the managing members or managers are as follows: (**Date Whitaker, Managing Parance**) (**Attached is an original certificate of existence, normare than 90 days old, duby autheriscated by the official having custody of cook a parisdiction under the law of which it is cognized. (A photocypy is not exceptable. If the certificate track could of the translater must be submitted.) 1. Nature of business or purposes to be conducted or promoted in Florida: Signature of a member. (**In accordance with section 608-408(3), F.S. the accordance folial discussions or differentiation under the penalties of peripery that the best suited herein are true, I am aware that any false information under the penalties of peripery that the best suited herein are true, I am aware that any false information under the penalties of peripery that the best suited herein are true, I am aware that any false information under the penalties of peripery that the best suited herein are true, I am aware that any false information under the penalties of the true of the false of the dependence of the d	(Name of Poreign Limited Liability Co.	upony; must include "Limited Liability Company	," "L.L.C.," or "LLC.")
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Bruce Whiteker	pennisies of perjury that the facts document to the Department of	stated herein are true, I am aware that any false info	musion submitted in a
Typed or printed name of signed	**************************************		

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 na	me of the Limited Liability	Company is:	
Whitaker N	Aedical, LLC		
(f unavail	able, the alternate to be use	d in the state of Florida is:	
2. The na	une and the Florida street a	ddress of the registered agent and office a	
	C T Corporation System	•	ALE
		(Namo)	ARE
	1200 South Pine Island R	.oed	TARY ASSE
	Florida St	roct Address (P.O. Box NOT ACCEPTABLE)	
,	Plantation	FL 33324	STATE LORIC
		City/State/Zip	D D
uanus) co. agent and i relating to	mpany at the place designal agree to act in this capacity. the proper and complete pe	nt and to accept service of process for the almost in this certificate, I hereby accept the application of further agree to comply with the provision of the function of my duties, and I am familiar with a provided for in Chapter 608, Flat 15 is the function of the following the following the following the following the following the following the function of the following the f	pointment as registered ons of all statutes with and accept the rida Statutes.
	Julye	(Signature) ASST. S.	Vickell ecretary
		90.00 Filing Fee for Application	•
		25.00 Designation of Registered Agent 30.00 Certified Copy (aptional)	•
	S	5.00 Certificate of Status (optional)	



Office of the Secretary of State

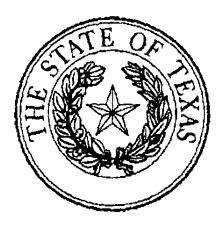
Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for WHITAKER MEDICAL, LLC (file number 800837782), a Domestic Limited Liability Company (LLC), was filed in this office on June 29, 2007.

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

Delayed Effective date: June 30, 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 March 01, 2011.



Hope Andrade Secretary of State

Phone: (512) 463-5555 Prepared by: SOS-WEB Come visit us on the internet at http://www.sos.state.tx.us/ Fax: (512) 463-5709

TID: 10264

Dial: 7-1-1 for Relay Services Document: 357389820004