Florida Department of State

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Foreign Limited Liability Company PRO2 Ocala, LLC

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B. BOSTICK NOV 9 - 2011

COVERLETTER

SUBJECT: PRO2 Ocala, LLC			
	Name of Limited Liability Company		
The enclosed "Application by Foreign Limited Existence, and check are submitted to register to	Liability Company for Authorization to Transact Business in Flor the above referenced foreign limited liability company to transact	rida," Certificate of business in Florida.	
Please return all correspondence concerning th	is matter to the following:		
Edward E. Steiner			
The second secon	Name of Person		
Keating, Muething & Kl	ekamp		
Approximately and the second s	Firn#Company		
1 E. 4th Street, Suite 140	ρ ὐ		
	Address	- Selectroside	
Cincinnati, OH 45202			
	City/State and Zip Code		
kmkservice@kmklaw.co	m		
E-mail addre	ss: (to be used for future annual report notification)		
For further information concerning this matter,	please call:	TALL 1	
Stephanic Alexander	Area Code & Daytime Telephone Number	11 NOV -8	
Name of Person	Area Code & Daytime Telephone Number	- 35 ± 1	6 11 Z B.4 1 34 TB.4
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	8 AH 9: 23	97 - 27 Samuel - 4 E
Enclosed is a check for the following at S125.00 Filing Fee \$130.00 Filing Certificate of	ng Fee & []\$155.00 Filing Fee & []\$160 00 Filing Fee, Cert		

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. PRO2 Ocala, LLC (Name of Foreign Lamited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of hansacting 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. Ohio (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) 5. perpetual November 4, 2011 (Date of Organization) (Duration: Year limited liability company will cease to 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 3405 SW College Road, Suite 227, Ocala, Florida 34494 (Street Address of Principal Office) 8. If limited liability company is a manager-managed company, check here X 9. The name and usual business addresses of the managing members or managers are as follows: Timothy Ford, LLC, 901 Adams Crossing, Cincinnati, OH 45202 Robert Meyer, 901 Adams Crossing, Cincinnati, OH 45202 Mike Moore, 901 Adams Crossing, Cincinnati, OH 45202 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 outh of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: Providing healthcare-related apods and services Signature of a member or an authorized representative of a member. (In accordance with section 60d.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 and 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.)

Typed or printed name of signee

Edward E. Steiner

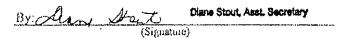
CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

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:	
PRO2 Ocala, LLC		mer sen - mar de principalment de financier de la sala son
If unavailable, the alternate to be used	in the state of Florida is:	
	dress of the registered agent and office are:	TALLAH TALLAH
C T Corporation Syste	rn	PA 5 M
	(Name)	6
1200 South Pine Island	l Road	الالا فتترك بالآثا
Florida Stree	et Address (P.O. Box NOT ACCEPTABLE)	FED 99
Plantation	FL 33324	23 RID
***************************************	City/State/Zip	متنغ

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.

C T Corporation System



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

United States of America State of Ohio Office of the Secretary of State

I, Jon Flusted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show PRO2 OCALA, LLC, an Ohio For Profit Limited Liability Company, Registration Number 2059197, was organized within the State of Ohio on November 04, 2011, is currently in FULL FORCE AND EFFECT upon the records of this office.

SECRETATION AND SECRETARION OF STATE



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 7th day of November, A.D. 2011

Ohio Secretary of State

Validation Number: V2011311N2D4F2