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Erom:

Account Name : CORPDIRECT AGENTS, INC.

Account Number : 110450000714

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Phone Fax Number

: (850)222-11/3 : (850)224-1640

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## Foreign Limited Liability Company VISITING PODIATRY, PLLC Certificate of Status Certified Copy 1 Page Count Estimated Charge \$160.00

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EXAMINER

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LABOUTY COMPANY TO TRANSACT RESIDENCE IN THE STATE OF GLORIDA.

LI!	MITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	
1.	VISITING PODIATRY, PLLC	_
	(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	
CO	name unavailable, anter alternate name adopted for the purpose of transacting business in Plorida and affect a copy of the assent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liab impany," "L.L.C." "LLC.")	_ writter ility
2.	Michigan 3	_
ī	(Jurisdiction under the law of which foreign limited liability (PEI number, if applicable) company is organized)	
4.	February 17, 2014 5. Perpetual	
	(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")	
б.		_
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	
7.	500 Kirts Blvd., Troy, MI 48084	-
	(Street Address of Principal Office)	۔
	<del></del>	
8.	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.	The name and usual business addresses of the managing members or managers are as follows:	
	Lynn Beatty, M.D., 500 Kirls Blvd., Troy, MI 48084	-
		-       - 
	OR OR	-0
		-
the	Attached is an original certificate of existence, no more than 90 days old, duly authensicated by the official having custody of a furification 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 each of the translator must be submitted.)	cords in
11.	Nature of business or purposes to be conducted or promoted in Florida:	<del>-</del>
	Medicine and Podiatry Services	_•
	- Fran Beally ins	
:	Signature of a member or an authorized representative of a member.	
	(In accordance with section 605.408(3), R.S., the execution of this document constitutes an affirmation under the penalties of pedjury 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 falony as provided for in a.817.155, R.S.)  Lynn Beatty, M.D.	
	Typed or printed name of signee	
	- # E	

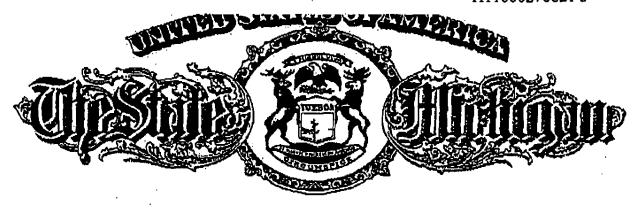
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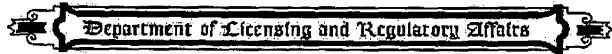
## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

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.

	me of the Limited Liability C	Company is:			
Visiting	g Podiatry, PLLC	****			-
If unavail	able, the alternate to be used i	in the state of Plorida is:			
2. The na	me and the Florida street add	ress of the registered agent and office are;	I se		
	NRAI Services, Inc.			AON	
		(Name)	HASS	V 22	
515 East Park Avenue			1339 1339 134 A	7	П
	Plorida Stree	t Address (P.O. Box NOT ACCEPTABLE)	STA STA	<u></u>	C
	Tallahassee	FL 32301	<del>ã</del> m	0.4	
• .		City/State/Zip	<del></del> >		
liability co agent and c relating to	mpany at the place designated agree to act in this capacity. It the proper and complete perform of my position as registered at the complete performs of the complete performs as registered at the complete performs as registered at the complete performs as the complete performs and the complete performs as the complete performs and the complete performs a	and to accept service of process for the above in this certificate, I hereby accept the appointment agree to comply with the provisions or mance of my duties, and I am familiar with agent as provided for in Chapter 608, Floridal Signature.  Signature  Signature  Asst. Secretory	intment as t of all state h and accep	registe Ites	red
,	<b>5</b> 100	•			
	\$ 25	5:00 Designation of Registered Agent			
	\$ 30				
	S 5	i.00 Certificate of Status (optional)			

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Lansing, Michigan .

This is to Certify That

## VISITING PODIATRY, PLLC

was validly organized on February 17, 2011 as a Professional Limited Liability Company. Said Limited
Liability Company is validly in existence under the laws of this state and has satisfied its annual filing obligations.

This certificate is issued pursuant to the provisions of 1993 PA 23; as amended, to attest to the fact that the company is in good standing in Michigan as of this date.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.



Sent by Facsimile Transmission 1058844

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 18th day of November, 2011

Director

Bureau of Commercial Services