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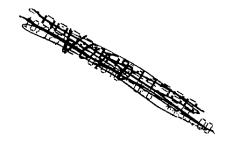
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J. BRYAN
OCT 1 5 2012
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: METRO INFECTIOUS DIS	SEASE CONSULTANTS, LLC.
Name	e of Limited Liability Company
	ity Company for Authorization to Transact Business in Florida," Certificate of ove referenced foreign limited liability company to transact business in Florida
Please return all correspondence concerning this matt	er to the following:
RUSSELL M. PETRAK	
	Name of Person
METRO INFECTIOUS	DISEASE CONSULTANTS, LLC. Firm/Company IVE Address 7 City/State and Zip Code
	Firm/Company
901 MCCLINTOCK DR	IVE
	Address CO P
BURR RIDGE, IL 6052	7 2: 5
	City/State and Zip Code
karenb@midcusa.com	be used for future annual report notification)
For further information concerning this matter, please	cait:
KAREN BURKE	_{at (} 630 ₎ 655-7390
Name of Person	Area Code & Daytime Telephone Number
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 \$\$\sum{\sum{\sum{\sum{\sum{\sum{\sum{\sum{	& \$\int\\$155.00 \text{ Filing Fee & \$\int\\$160.00 \text{ Filing Fee, Certificate}

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. METRO INFECTIOUS DISEASE CONSULTANTS, LLC. (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")		
	(Maine of Foreign Emined Elability Company, must include Emined Elability Company, E.E.C., of EEC.)	
co	name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written unsent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability ompany," "L.L.C," "LLC.")	
٠.	ILLINOIS (Jurisdiction under the law of which foreign limited liability) 3. 36-3966745 (FEI number, if applicable)	
	7/1/1994 (Date of Organization) 5. PERPETUAL (Duration: Year limited liability company will cease to	
5	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) 901 MCCLINTOCK DRIVE, BURR RIDGE, IL 60527	
7.	901 MCCLINTOCK DRIVE, BURR RIDGE, IL 60527	
	(Street Address of Principal Office)	
3.	(Street Address of Principal Office) If limited liability company is a manager-managed company, check here 72 73 75 76 77 77 78 78 78 78 78 78 78	
€.	The name and usual business addresses of the managing members or managers are as follows:	
	RUSSELL M. PETRAK, 901 MCCLINTOCK DRIVE, BURR RIDGE, IL 60527	
	DAVID HINES, 901 MCCLINTOCK DRIVE, BURR RIDGE, IL 60527	
	ROBERT FLIEGELMAN, 901 MCCLINTOCK DRIVE, BURR RIDGE, IL 60527	
he	. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in a juriscliction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a instation of the certificate under oath of the translator must be submitted.)	
1	. Nature of business or purposes to be conducted or promoted in Florida: MEDICAL PRACTICE	
	AND PHARMACY	
	(production of the second of	
	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.)	

Typed or printed name of signee

RUSSELL M. PETRAK

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:

METRO INFECTIOUS DISEASE CONSULTANTS, 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:	7 T T T T T T T T T T T T T T T T T T T
NRAI SERVICES, INC.	
(Name)	
515 EAST PARK AVENUE	2 2
Florida Street Address (P.O. Box NOT ACCEPTABLE)	2:46
TALLAHASSEE FL 32301	Argen.
City/State/Zip	

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.

NRAI Services Inc.

Jessica Metzger, Assistant Secretary

(Manature)

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

File Number

0000920-2



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

METRO INFECTIOUS DISEASE CONSULTANTS, L.L.C., HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JULY 26, 1994, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



Authentication #: 1224401930

Authenticate at: http://www.cyberdriveillinois.com

In Testimony Whereof, I hereto set

iny hand and cause to be affixed the Great Seal of the State of Illinois, this 31ST

day of **AUGUST**

A.D.2012

SECRETARY OF STATE