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Foreign Limited Liability Company
MileStone Healthcare, LLC

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JAN 17 2013

D. BRUCE

1/10/2013

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. MileStone Healthcare, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting 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. Delaware 3. 75-2592398
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 12/11/2012 5. Perpetual
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. Upon Qualification
(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 333 N. Summit Street, Toledo, OH 43604
(Street Address of Principal Office)

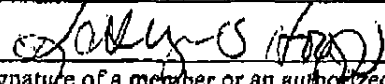
8. If limited liability company is a manager-managed company, check here

9. The name and usual business addresses of the managing members or managers are as follows:

SEE ATTACHMENT

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 oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: Health Care


Signature of a member or an authorized representative of a member.

(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.)

Kathryn S. Hoops

Typed or printed name of signer

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2018 JAN 10 AM 10:04

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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.

1. The name of the Limited Liability Company is:

MileStone Healthcare, 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:

C T Corporation System
(Name)

1200 South Pine Island Road
Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

Plantation FL 33324
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.

C T Corporation System

Kristin Bolden

By: *Kristin Bolden*
(Signature)

Assistant Secretary

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

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TALLAHASSEE, FLORIDA

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MileStone Healthcare, LLC

Name	Role	Title	Office Title	Address
Allen, Martin David	Manager	Director, President	Director & Officer	333 N. Summit Street Toledo, OH 43604
Daubner, Carol A.	Manager	Vice President	Officer	333 N. Summit Street Toledo, OH 43604
Grabijas, L. Martin	Manager	Vice President	Officer	333 N. Summit Street Toledo, OH 43604
Hoops, Kathryn Sue	Manager	Vice President, Secretary	Officer	333 N. Summit Street Toledo, OH 43604
Jenkins, Roger T.	Manager	Vice President, General Manager	Officer	333 N. Summit Street Toledo, OH 43604
Kaczor, Elizabeth	Manager	Vice President & Assistant Secretary	Officer	333 N. Summit Street Toledo, OH 43604
Kight, Daniel Hill	Manager	Treasurer	Officer	333 N. Summit Street Toledo, OH 43604
Kile, Thomas R.	Manager	Assistant Treasurer	Officer	333 N. Summit Street Toledo, OH 43604
Lazarus, Barry A.	Manager	Vice President	Officer	333 N. Summit Street Toledo, OH 43604
Pagoaga, James Philip	Manager	Vice President	Officer	333 N. Summit Street Toledo, OH 43604

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Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MILESTONE HEALTHCARE, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWELFTH DAY OF DECEMBER, A.D. 2012.


AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



2256682 8300

121331642

You may verify this certificate online
at corp.delaware.gov/authver.shtml


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 0061205

DATE: 12-12-12