

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1639

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

Foreign Limited Liability Company
The NeuroMatrix Group, LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

JUL 29 2013

D. BRUCE

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13 JUL 26 AM 6:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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. The NeuroMatrix Group, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC.")

(If name is 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 member adopting the alternate name. The alternate name must include "Limited Liability Company," "LLC," or "LLC.")

2. Georgia

(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____

(FEI Number if applicable)

4. January 23, 2008

(Date of Organization)

5. perpetual

(Duration: Year Limited Liability Company will cease to exist or "perpetual")

6. upon filing of this application

(Date first transacted business in Florida, if prior to registration.)

7. One American Center 3100 West End Avenue, Suite 800

Nashville, TN 37203

(Principal Office Address)

8. If limited liability company is manager-managed company, click here ☒

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

David M. Maloney One American Center 3100 West End Avenue, Suite 800 Nashville TN 37203

J. Michael Mauldin One American Center 3100 West End Avenue, Suite 800 Nashville TN 37203

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:

Provider of outsourced intraoperative neurological monitoring services.

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)

David M. Maloney, Vice President, SpecialtyCare IOM Services, LLC, Sole Member

Typed or printed name of signer

2008 JUL 26 AM 11:31
CLERK OF STATE
TALLAHASSEE FLORIDA

**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:

The NeuroMatrix Group, LLC

If name unavailable, the alternate name to be used in the state of Florida is:

2. The name and the Florida street address of the registered agent and office are:

Corporate Creations Network Inc.

(Name)

11380 Prosperity Farms Road #221E

Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

Palm Beach Gardens

FL

33410

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.



Corporate Creations Network Inc.

(Signature)

Valerie Hawk-Donohue, Special Secretary

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

2013 JUL 26 AM 11:31
SECRETARY OF STATE
TALLAHASSEE
FLORIDA

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STATE OF GEORGIA

Secretary of State
Corporations Division
313 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CONTROL NUMBER : 08010024
DATE INC/AUTH/FILED : January 23, 2008
JURISDICTION : Georgia
PRINT DATE : 7/25/2013 5:44:53 PM

CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

THE NEUROMATRIX GROUP, LLC
A Domestic Limited Liability Company

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



B. P. Kemp

Brian P. Kemp
Secretary of State

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