

M13000006894

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

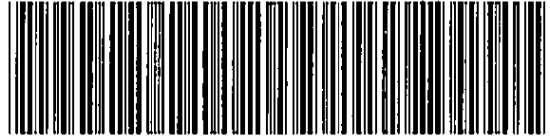
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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12/05/17  
10:25:00  
DEC 5 2017

DEC 7 2017

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **D1 SPORTS MEDICINE, LLC**

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**CONTROLLER**

Name of Person

**EXOS**

Firm/Company

**2629 E ROSE GARDEN LN**

Address

**PHOENIX AZ 85050**

City/State and Zip Code

**FINANCE@TEAMEXOS.COM**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**JOHN ZYGMONTOWICZ** at **(623)** **2011496**

Name of Person

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☐ \$25 Filing Fee

☒ \$30 Filing Fee &  
Certificate of Status

☐ \$55 Filing Fee &  
Certified Copy

☐ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: D1 SPORTS MEDICINE, LLC

Enter new principal office address, if applicable:

2629 E ROSE GARDEN LN

*(Principal office address*

*MUST BE A STREET ADDRESS)*

PHOENIX AZ 85050

Enter new mailing address, if applicable:

2629 E ROSE GARDEN LN

*(Mailing address*

*MAY BE A POST OFFICE BOX)*

PHOENIX AZ 85050

2. The Florida document number of this limited liability company is: M13000006894

3. Jurisdiction of its organization: TN

4. Date authorized to do business in Florida: 3/31/2014

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: EXOS PHYSICAL THERAPY AND SPORTS MEDICINE, LLC  
(must contain "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 contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: CORPORATION SERVICE COMPANY

New Registered Office Address: 1201 HAYS STREET

*Enter Florida Street Address*

TALLAHASSEE

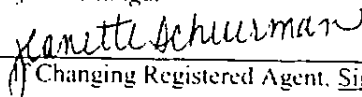
Florida 32301

*City*

*Zip Code*

New Registered Agent's Signature, if changing Registered Agent:

*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 relative 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 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*



Changing Registered Agent, Signature of New Registered Agent

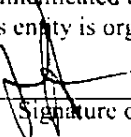
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

**DELAWARE**

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

  
\_\_\_\_\_  
Signature of the authorized representative  
**JOHN ZYGMONTOWICZ**  
\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF CONVERSION OF A TENNESSEE LIMITED LIABILITY COMPANY UNDER THE NAME OF "D1 SPORTS MEDICINE, LLC" TO A DELAWARE LIMITED LIABILITY COMPANY, CHANGING ITS NAME FROM "D1 SPORTS MEDICINE, LLC" TO "EXOS PHYSICAL THERAPY AND SPORTS MEDICINE, LLC", FILED IN THIS OFFICE ON THE TWENTY-SECOND DAY OF AUGUST, A.D. 2017, AT 8:16 O'CLOCK A.M.



6519082 8100F  
SR# 20175823150

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

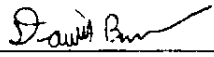
Jeffrey W. Bullock, Secretary of State

Authentication: 203096114  
Date: 08-22-17

STATE OF DELAWARE  
CERTIFICATE OF CONVERSION  
FROM A NON-DELAWARE LIMITED LIABILITY COMPANY TO  
A DELAWARE LIMITED LIABILITY COMPANY PURSUANT TO  
SECTION 18-214 OF THE LIMITED LIABILITY ACT

- 1.) The jurisdiction where the Non-Delaware Limited Liability Company first formed is Tennessee.
- 2.) The jurisdiction immediately prior to filing this Certificate is Tennessee.
- 3.) The date the Non-Delaware Limited Liability Company first formed is February 27, 2012.
- 4.) The name of the Non-Delaware Limited Liability Company immediately prior to filing this Certificate is D1 Sports Medicine, LLC.
- 5.) The name of the Limited Liability Company as set forth in the Certificate of Formation is EXOS Physical Therapy and Sports Medicine, LLC.

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the  
22<sup>nd</sup> day of August, A.D. 2017.

By:   
Authorized Person

Name: Daniel Burns  
Print or Type

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE DO HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND  
CORRECT COPY OF THE CERTIFICATE OF FORMATION OF "EXOS PHYSICAL  
THERAPY AND SPORTS MEDICINE, LLC" FILED IN THIS OFFICE ON THE  
TWENTY-SECOND DAY OF AUGUST, A.D. 2017, AT 8:16 O'CLOCK A.M.



6519082 8100F  
SR# 20175823150

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 203096114  
Date: 08-22-17

**STATE of DELAWARE  
LIMITED LIABILITY COMPANY  
CERTIFICATE of FORMATION**

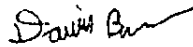
• **First:** The name of the limited liability company is EXOS Physical Therapy and Sports Medicine, LLC

• **Second:** The address of its registered office in the State of Delaware is 251 Little Falls Dr. in the City of Wilmington  
Zip Code 19808.

The name of its Registered agent at such address is Corporation Service Company

• **Third:** (Insert any other matters the members determine to include herein.)

**In Witness Whereof**, the undersigned have executed this Certificate of Formation this  
22<sup>nd</sup> day of August, 2017.

By:   
Authorized Person(s)

Name: Daniel Burns  
Typed or Printed