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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 APR 16 AM 10:09

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J. Stivers APR 17 2014

April 11, 2014



*Hunziker Lippens
& Heck LLC* Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

*Attorneys and
Counselors*

Re: Definitive Neurodiagnostics, LLC
Our File No.: 07-442

To Whom It May Concern:

Enclosed please find the original and one (1) copy of the Cover Letter, Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida, Certificate of Designation of Registered Agent/Registered Office, Certificate of Good Standing and Certified Articles of Organization along with a check in the amount of \$160.00 to cover the cost of filing the above mentioned. Please execute and return the file stamped copy to our office in the enclosed self- addressed stamped envelope.

Should you have any questions, please do not hesitate to contact the undersigned at your earliest convenience.

Best regards,

HUNZIKER LIPPENS & HECK, LLC

By: *Danielle Winkler*
DANIELLE WINKLER
Legal Assistant

*Sixteenth Floor
Commerce Bank
Building
416 Main Street
Peoria, Illinois 61602
309.676.7777
309.676.1326 fax
info@hunzikerlaw.com*

/dnw
Enclosures
CC: Kyle Black w/out attachments
Corr Division of Corp.041114

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

*IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A
FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. Definitive NeuroDiagnostics, 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. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Illinois

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

3. 35-2188453

(FEI number, if applicable)

4. N/A

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1604 Visa Drive

Normal, Illinois 61761

(Street Address of Principal Office)

6. 1604 Visa Drive

Normal, Illinois 61761

(Mailing Address)

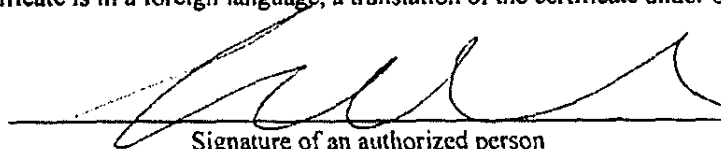
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

John Atwater, Manager

2314 Knollbrook Way

Bloomington, Illinois 61705

8. 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)



Signature of an authorized person

(In accordance with section 605.0203, 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.)

John Atwater, Manager

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 APR 16 AM 10:09

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), 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:

Definitive NeuroDiagnostics, 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:

Corporation Service Company

(Name)

1201 Hays Street

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

Tallahassee

32301

FL

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 605, Florida Statutes.

Corporation Service Company

By: Judith Reyes

(Signature)

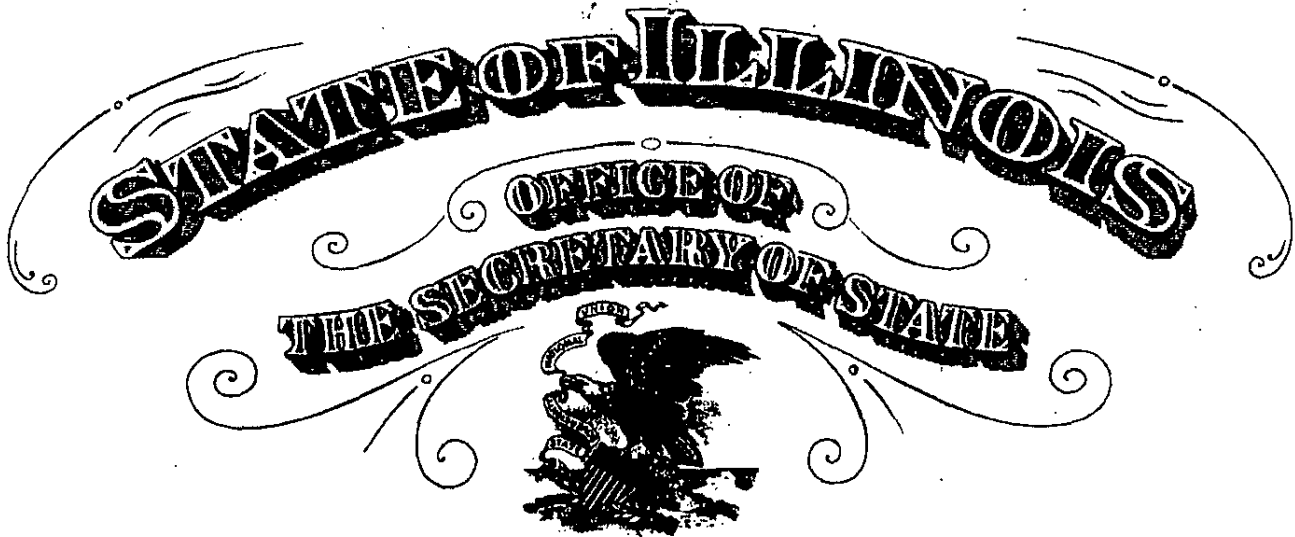
Judith Reyes
Assistant Secretary

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14 APR 16 AM 10:09
TALLAHASSEE, FLORIDA

\$ 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

0078050-2

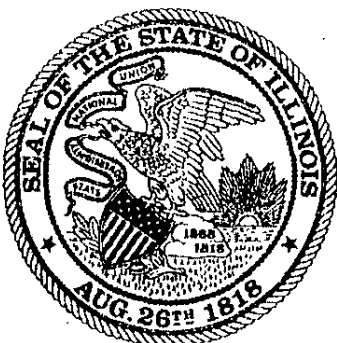


To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

DEFINITIVE NEURODIAGNOSTICS, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON SEPTEMBER 23, 2002, 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.

FILED
14 APR 16 AM 10:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 7TH
day of APRIL A.D. 2014

Jesse White