Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000202646 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850) 222-1092 Fax Number

: (850)878-5368

er the email address for this business entity to be used annual report mailings. Enter only one email address please.\*\* \*\*Enter the email address for this business entity to be used for further STATE FEORIDA

Email Address:\_

### Foreign Limited Liability Company Tampa Renal Construction LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$125.00

AUG 29 2014

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### COVER LETTER

	istration Section sion of Corporations					
SUBJECT:	Tampa Renal Construction LLC					
,	Nar	me of Limited Liability Company				
		ability Company for Authorization to Transact Business in Florida," Certificate of above referenced foreign limited linbility company to transact business in Florida				
Please return	all correspondence concerning this m	natter to the following:				
	Patricia E. Coffey					
		Name of Person				
	PCI   HealthDev					
		Firm/Company				
	1235 Seventeenth Street, Suite 1750					
		Address				
	Denver, CO 80202	City/State and Zip Code				
		City/State and Zip Code	• 7			
	pcoffey@healthdev.com	28 \$S	E44.94			
	E-mail addres	ess: (to be used for future annual report notification)				
For further in	nformation concerning this matter, ple	lease call: 5 5 5 5 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6	See See			
Pat	ricia E. Coffey	at (214 ) 717-0007 Om 9				
	Name of Contact Person	Area Code Dayrina Telephone Number				
Div Rep P.C	AILING ADDRESS: vision of Corporations gistration Section b. Box 6327 llahassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				
	is a check for the following am \$125.00 Filing Fee	iling Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate				

# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The afternate ha Liability Company," "L.L.C." or "L.C.")	me musi include "Li
2. Texas 3. 61-1732895	
(Jurisdiction under the law of which foreign limited liability (FEI number, if application company is organized)	ble)
4	
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	\$ <b>5</b>
5. B117 Preston Road, Suite 400	
Dailas, TX 75225	AHA
(Street Address of Principal Office)	\$8 \$8
6. 8117 Preston Road, Suite 400	7.0 7.0
Dailas, TX 75225 (Mailing Address)	FEORIO
	• (
7. The name, title or capacity and address of the person(s) who has have authority to m  Andrew T. Camahan, President  Adam Feldman, General Counsel  Greg Pakes, Controller	
Andrew T. Carnahan, President  Adam Feldman, General Counsel	photocopy is not routh of the train

# 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 o	f the Limited Liability Company is:			
Tampa Renal Con	nstruction LLC			
If unavailable,	the alternate to be used in the state of Florida is:			
2. The name a	nd the Florida street address of the registered agent and office ar	() () ()	SECR	2914 A
	C T Corporation System	, 1	HAS	AUG 2
	(Name)	:	ARY. ASSE	σ
	1200 South Pine Island Road			型
	Florida Street Address (P.O. Box NOT ACCEPTABLE)		STATE	<b>50: 06</b>
	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 605, Florida Statutes.

C T Corporation S	ystem Comie Buran	<u>Connla Bayua</u>
	(Signature)	Continue of the continue of

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

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Nandita Berry Secretary of State

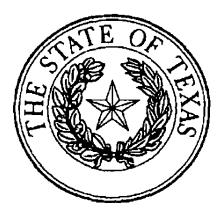
## Office of the Secretary of State

#### Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Tampa Renal Construction LLC (file number 801952275), a Domestic Limited Liability Company (LLC), was filed in this office on March 14, 2014.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on August 27, 2014.



NANDITA BERRY

Nandita Berry Secretary of State

Phone: (512) 463-5555 Prepared by: SOS-WEB Come visit us on the internet at http://www.sos.state.tx.us/ Fax: (512) 463-5709 TID: 10264

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