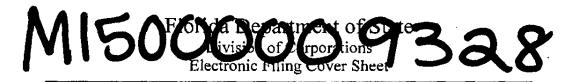
Division of Corporations

Page 1 of 2



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.

(((H15000276693 3)))



H150002766933ABC6

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA00000023 ; (850)205-8842 Fax Number : (850)878-5368

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

Empil Address:			

Foreign Limited Liability Company INJURY CENTERS OF LAKELAND, LLC

Certificate of Status	0	
Certified Copy	0	
Page Count	04	
Estimated Charge	\$125.00	

Electronic Filing Menu

Corporate Filing Menu

Help

11/19/2015 2:25:51 PM From: To: 8506176383(2/4)

COVER LETTER

TO:	Registration Section	
	Division of Corporations	
SUBJI	INJURY CENTERS OF LAKELAND, LLC	
	Name of Limited Liability Company	
	losed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificat ce, and check are submitted to register the above referenced foreign limited liability company to transact business in Flor	
Please	eturn all correspondence concerning this matter to the following:	
	IAN FURMAN	
	Name of Person	
	MORGAN, LEWIS & BOCKIUS LLP	
	Firm/Company	
	1000 LOUISIANA STREET, SUITE 4000	
	Address	
	HOUSTON, TX 77002	
	City/State and Zip Code	
	IFURMAN@MORGANLEWIS.COM	
	E-mail address: (to be used for future annual report notification)	
For fur	her information concerning this matter, please call:	
	IAN FURMAN 713 890-5000	
	Name of Contact Person Area Code Daytime Telephone Number	
	MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301	
Enclos	d is a check for the following amount: \$\Bigcup \\$125.00 \text{ Filing Fee} \Bigcup \Bigcup \\$130.00 \text{ Filing Fee} \& \Bigcup \\$155.00 \text{ Filing Fee} \& \Bigcup \\$160.00 \text{ Filing Fee}, \text{ Certificate of Status} \\ \text{Certified Copy} \text{of Status & Certified Copy}	

11/19/2015 2:25:51 PM From: To: 8506176383(3/4)

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

IN COMPLIANCE WITH SECTION 603,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

INJURY CENTERS OF			
(Name of Fore	ign Limited Liability Company; must include "Lim	nited Liability Company,""L.L.C.," or	LLC.")
Liability Company," "L.L.C."	ternate name adopted for the purpose of transacting or "LLC.")	business in Florida. The alternate num	e must include "Limited
2. DELAWARE	3.		
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, it applicable)	
4. NOVEMBER 12, 2015	i -		
т	(Date first transacted business in Florida, i (See sections 605,0904 & 605,0905, F.S. to d	f prior to registration.)	
5 809 S. FLORIDA AVE	E., LAKELAND, FL 33803	etostimo potatty tability	
J			
	(Street Address of Principal Office	<u>.</u>	20 2
6 809 S. FLORIDA AVE	., LAKELAND, FL 33803	-,	2015 HOV
V			Comment of the Commen
	(Mailing Address)		. SSI
7 Name - 1 mark - 3 mark	s of Florida registered agent: (P.O. Box NO	P meable)	
/. Name and street addres			
Name:	C T Corporation System		5
Office Address:	1200 South Pine Island Road		
	Plantation	, Florida	_
Registered agent's accept	(City)	(Zip code)	
Having been named as re-	gistered agent and to accept service of proces	ss for the above stated limited liabil	Ity company at the place
designated in this applicant	tion, I hereby accept the appointment as regi ons of all statutes relative to the proper and c	stered agent and agree to act in this	s capacity. I further agree and I am fomiliar with an
	ny position as registered agent.	omprete perjormance of my united	#/1# 1 m//-j
1	By: CT Corporation System		
	(Registèred agent's si	gnature)	,
8. The name, title or capa	city and address of the person(s) who has/have	e authority to manage is/are:	
INJURY CENTERS OF T	AMPA, INC. (SOLE MEMBER)		
6220 SOUTH ORANGE	BLOSSOM TRAIL, SUITE 200, ORLANDO	, FL 32809	
	of existence, no more than 90 days old, duly a of which it is organized. (If the certificate is in ibmitted)		
			•
	Signature of an authorize	ed person	

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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 \$.817.155, F.S.

ROBERT LEWIN, DIRECTOR OF INJURY CENTERS OF TAMPA, INC.

Typed or printed name of signee

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "INJURY CENTERS OF LAKELAND, 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 NINETEENTH DAY OF NOVEMBER, A.D. 2015.

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

5878025 8300 SR# 20150993138

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

Authentication: 10454926

Date: 11-19-15