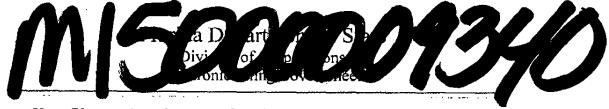
11/19/2015 2:27:15 PM From: To: 8506176383(1/4)

Division of Corporations

Page 1 of 2



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From:

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Foreign Limited Liability Company INJURY CENTERS OF ST. PETE, LLC

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	COVER LETTER	٠.
то:	Registration Section Division of Corporations	
SUBJEC	INJURY CENTERS OF ST. PETE, LLC	
	Name of Limited Liability Company	
The encl Existence	osed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," C e, and check are submitted to register the above referenced foreign limited liability company to transact busines	ertificate of s in Florida
Please re	sturn 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	20 15
	B-mail address: (to be used for future annual report notification)	F"
For furth	ner information concerning this matter, please call:	<u> </u>
	IAN FURMAN 713 890-5000 559	.o ⊳ ⊂
		. .
	MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	

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☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status

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:

I. INJURY CENTERS OF	•				
(Name of Fore	ign Limited Liability Company; must include "Limited Li	ability Company," "L.L.C.,"	or "LLC.")		
Liability Company," "L.L.C,"	ternate name adopted for the purpose of transacting busing or "LLC.")	ess in Florida. The alternate n	ame must inc	lude "Limited	
2. DELAWARE	3				
	furisdiction under the law of which foreign limited liability (FEI number, if applicab				
4. NOVEMBER 12, 2015	5				
	(Date first transacted business in Florida, if prior (See sections 605.0904 & 605.0905, F.S. to determine	to registration.) ne penalty liability)	_		
5. 3140 34TH STREET N	NORTH, ST. PETE, FL 33713		_		
	(Street Address of Principal Office)				
2140 24ፕህ ፍተውርሮፕ እ	ORTH, ST. PETE, FL 33713				
6. 3140 341H 31KEE1 N	OKII, 31. FEIE, FE 33713		_> ₇	<u>~</u>	
			F	2915	
	(Mailing Address)			s T	
7. Name and street addres	ss of Florida registered agent: (P.O. Box <u>NOT</u> acce	ptable)	SS	emitana gramma	
Name:	C T Corporation System		FE® .	o m	
Office Address:	1200 South Pine Island Road	- 	<u></u>		
	Plantation	, Florida 33324	4 1 4 T	.့ ပ	
Registered agent's accep	(City)	(Zip code)	J:- ` L	ب.	
designated in this applica to complywith the provision accept the obligations of t	gistered agent and to accept service of process for tion, I hereby accept the appointment as registered ons of all statutes relative to the proper and complemy position as registered agent. By: (Registered agent's signature	agent and agree to act in te performance of my dut	this capacity	y. I further agre	
•	acity and address of the person(s) who has/have auth	ority to manage is/are:		•	
6220 SOUTH ORANGE	BLOSSOM TRAIL, SUITE 200, ORLANDO, FL 3	2809		•	
	of existence, no more than 90 days old, duly authen of which it is organized. (If the certificate is in a forcubmitted) Signature of an authorized pen	sign language, a translation			

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

Typed or printed name of signee

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 s.817.155, F.S.



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "INJURY CENTERS OF ST. PETE, 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.

5878031 8300 SR# 20150993142

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

Authentication: 10454948

Date: 11-19-15