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| SUBJE | .CI: | Name of Limited Liability Company | | | | | | | | |
| The en Exister | closed "A | pplication by For heck are submitte | reign Limited Liability Con d to register the above refe | npany renced | for Authoriza I foreign limi | ation to Trated liabilit | ansact Busine y company to | ess in Florie transact b | da," Ce usiness | rtificate of in Florida. |
| Please | return all | correspondence o | concerning this matter to the | e follo | wing: | | | | | |
| | | Pamela Wagne | r, General Counsel | | | | | | | |
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| | | Alliance Family of Companies, Inc. | | | | | | | | |
| | | Firm/Company | | | | | | | | |
| | | 4545 Fuller Dri | ive, Suite 100 | | | | | | | |
| | | | | Address | | | | | | |
| | Irving, Texas 75038 | | | | | | | 2018 | | |
| | City/State and Zip Code | | | | | | | . I | | |
| | | Steven.lambert@afcompanies.com | | | | | | 5 | | |
| | • | | E-mail address: (to be use | ed for | future annual | report no | tification) | CTI. | U | Germanad G. F. J. |
| For fur | ther infor | mation concerning | g this matter, please call: | | | | | | 3 | |
| | Pamela | Wagner, Genera | l Counsel | at (| 214 | 415-50 | 144 | 57. | 25 | |
| | MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 | | | at 1 | Area Code | Day | ytime Telepho | one Numbe | r | |
| | | | | STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | | | | | | |
| Enclose | | eck for the follow .00 Filing Fee | ing amount: ☐ \$130.00 Filing Fee & Certificate of Status | | \$155.00 Filir rtified Copy | ig Fee & | □ \$160.00 of Status & | | | icate |

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

IN COMPLANCE WITH SECTION 605,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Alliance Neurodiagnostics, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "L.L.C." (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.") (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) Date of Registration (Dute first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability) 4545 Fuller Drive, Suite 100 Irving, Texas 75038 (Street Address of Principal Office) 4545 Fuller Drive, Suite 100 Irving, Texas 75038 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Capitol Corporate Services, Inc. Name: 155 Office Plaza Drive, Ste A Office Address: Tallahassee Registered agent's acceptance: 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 application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to complywith 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, 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Justin L. Magnuson, CEO 4545 Fuller Drive, Suite 100 Irving, Texas 75038 9. Attached is a 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. (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 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. Justin L. Magnuson

Typed or printed name of signee

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



Carlos H. Cascos Secretary of State

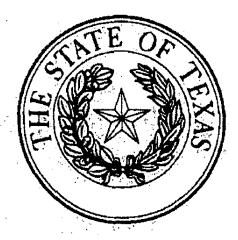
Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document; Certificate of Formation for Alliance Neurodiagnostics, LLC (file number 801986225); a Domestic Limited Liability Company (LLC), was filed in this office on May 08, 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 April 28, 2016



Carlos H. Cascos Secretary of State