## 11/6000006217

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SECRETARY OF STATE

K. SALY EXAMINER CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 231864 8104886

AUTHORIZATION :

COST LIMIT : \$\frac{1}{25.00}

ORDER DATE: July 27, 2016

ORDER TIME : 11:11 AM

ORDER NO. : 231864-015

CUSTOMER NO: 8104886

## FOREIGN FILINGS

NAME: MD BILLING ASSOCIATES OF FT

MYERS, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

YX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER:

## 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: 1. MD BILLING ASSOCIATES, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") MD BILLING ASSOCIATES OF FT MYERS, 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.") (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 11200 Beach Stroll Ct Ft. Myers, FL 33908 (Street Address of Principal Office) (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Corporation Service Company Name: 1201 Hays Street Office Address: , Florida 32301 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.
Corporation Service Company Melissa Zender Asst. Vice Presiden (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are; Cynthia Blair, Member, 11200 Beach Stroll Ct Ft. Myers, FL 33908 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) This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information

Typed or printed name of signee

submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

CYNTHIA BLAIR

Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "MD BILLING ASSOCIATES, 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 TWENTY-NINTH DAY OF JULY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MD BILLING

ASSOCIATES, LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF JULY, A.D.

2016.

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

2016 AUG -4 AK 9: 00

Authentication: 202746216

Date: 07-29-16

6108497 8300 SR# 20165147024

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