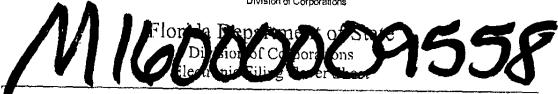
11/29/2016

Division of Corporations



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Account Number: 076666003611 Phone

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Foreign Limited Liability Company MB Medical Operations, LLC

Certificate of Status Certified Copy Page Count 02 Estimated Charge \$130.00

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

	HON 605.0902, FLORIDA STATUTES, THE ISINESS IN THE STATE OF FLORIDA:	: FOLLOWING IS !	UBMITTED TO REGISTER A FOI	REIGN LIMITISD I JABILITY
1. MB Medical Operation	s, LLC	1,211		
(Name of Fore	eign Limited Liability Company; must incl	ude "Limited Lial	ollity Company," "L.L.C.," or "LL	.C.")
Liability Company," "L.L.C,"	lternate name adopted for the purpose of tr	ransacting busines	s in Florida. The alternate name n	nust include "Limited
2. Delaware	3	81-4488450		
(Jurisdiction under the law company is organized)	of which foreign limited liability		(FEI number, if applicable)	,
4				
5. 1200 Alton Road	(Date first transacted business in (See sections 605,0904 & 605,0905,	Florida, if prior to , F.S. to determine	registration.) penalty liability)	
Miami Beach, FL 3313				FILED 16 HOW 30 M 9: 12
	(Street Address of Princi	pal Office)		5 = 11
6. 1200 Alton Road				
Miami Beach, FL 33139			TILED	
	(Mailing Addre	55)		
7. Name and street address	ss of Florida registered agent: (P.O. B	ox <u>NOT</u> accept	able)	ું છું 🚾
Name:	Rodolfo Dumenigo, M.D., P.A.		-	<u> </u>
Office Address:	1200 Alton Road		_	: p
•	Miami Beach		, Florida 33139 (Zip code)	
			(Zip code)	
designated in this applica to complywith the provision	rance. I gistered agent and to accept service of the appointment ons of all statutes relative to the property position as registered agent.	t as registered a	gent and agree to act in this c	apacity. I further agree
	Own my			
	(Registered	egeca 'a ciphature)		
8. The name, title or capa	ncity and address of the person(s) who	has/have author	ity to manage is/are:	
Rodolfo Dumenigo, M.D.	, Manager-1200 Alton Road, Miami E	Beach, FL 33139	;	
Daniel Gedney, Manager-	1256 Main Street, Suite 256, Southlal	ke, Texas 76092		
Whitney Bowman, Manag	ger-1256 Main Street, Suite 256, Soutl	hlake, Texas 760	92; Drew Johnson, Manager-	1256 Main Street, Suite 256 Southlake, Texas 76092
	of existence, no more than 90 days of of which it is organized. (If the certific abmitted)			tody of records in the
	Signature of an	authorized person)	
This document is executed submitted in a document to	in accordance with section 605.0203 of the Department of State constitutes a	third degree feld	Statutes, I am aware that any fa ony as provided for in s.817.15	lse information 5, F.S.
	RUSTERT STROUG			
	Typed or printed	d name of signee	•	

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<u>Delaware</u>

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "MB MEDICAL OPERATIONS, 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-THIRD DAY OF NOVEMBER, A.D. 2016.

6206453 8300 SR# 20166768150

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

Jetirey W. Bullack, Secretary of Siste

Authentication: 203389058

Date: 11-23-16



November 30, 2016

FLORIDA DEPARTMENT OF STATE

BLALOCK, WALTERS, HELD & JOHNSON, P.A.

SUBJECT: MB MEDICAL OPERATIONS, LLC

REF: W16000079817

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A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Regulatory Specialist II FAX Aud. #: H16000292480 Letter Number: 616A00025422

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P.O BOX 6327 - Tallahassee, Florida 32314