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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 : (954)208-0845 Fax Number

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## Foreign Limited Liability Company MEDCART SPECIALTY CARE, LLC

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### COVER LETTER

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	AND E ST. CO. ST. ST. ST. ST. ST. ST. ST. ST. ST. ST	E-mail address: (to be use	d for future annual	report not	litication)
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#### APPLICATION BY FOREIGN EIMITED EIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SEC COMPANY TO TRANSACT BE	TION 605.0902, FLORIDA STATUTI USINESS IN THE STATE OF FLORIE	ES THE FOLLOWING IS: DA:	SUBMITTED TO REGISTER	FOREIGN TEMPTED FABILITY
, Medcart Specialty Car	e, LLC			
(Name of For	eign Limited Liability Company; o	nist include "Limited List	nility Company," "L.J.,C.," u	r "LLC.")
N/A:				
Liability Company, " L.L.C.	licinate name adopted for the purport of "LLC,")	<del>-</del>	s in Florida. The alternate na	ne must include "Einrited
2. DE		3. 32-0518480		
company is organized)	of which foreign limited liability	<del></del>	(FEI number, if applicable	2)
4. N/A	Data rives tomography fund	ases to Blood to 18 action to	mail feation 1	
	(Date first transacted busing (See sections 605.0904 & 60	15.0905, F.S. to determine	penalty liability)	
5				
250 Parkcenter Blvd, 1	30ise 1D 83706			
	(Sireet Address or	f Principal Office)		
6. 250 Parkcenter Blvd, I	the state of the s			圣 英 二
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		•		3
7. Name and street address	is of Elorida registered agent: (1		ible)	8: 29
Name:	C T Corporation System			29
Office Address:	1200 South Pine Island Road			
	Plantation		Plotida 33324	
	Plantation (City)		(Zip code)	_
designated in this applica to complywith the provisi accept the obligations of i	gistered agent and to accept se- tion, I hereby accept the appoin ons of all statutes relative to the my position as relativered agent.	nonani as registered as a propor and complete James	ent and agree to act in th	iis capacity. I farther agree s, and I am familiar with and
8. The name, title or-cap-	ucity and address of the person(s	s) who has/have authori	ty to manage is/are:	
Laura A., Donald, Group	ζ'P			
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9. Attached is a certificate jurisdiction under the law- of the translator must be st		luys old, duly authentica certificate is in a forcigi	u language, a translation o	custody of records in the of the certificate under outh
	in accordance with section 605, the Department of State constit Luura A. Donald	tutes a third degree felor		
	Typed or	printed name-of-signer		

# Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MEDCART SPECIALTY CARE, 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 SIXTH DAY OF APRIL, A.D. 2017.

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

116

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SR# 20172309717 You may verify this certificate online at corp.delaware.gov/authver.shtml Authentication: 202334841

Date: 04-06-17