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(City/State/Zip/Phone #)

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DIVISION OF CORPORATIONS
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FEB 08 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: eviCore healthcare MSI, LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Paula Brown
Name of Person

eviCore healthcare
Firm/Company

400 Buckwalter Place Boulevard
Address

Bluffton, SC 29910-5150
City/State and Zip Code

pbrown@evicore.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Paula Brown 800 918-8924 Ext: 27382
Name of Contact Person at () Area Code Daytime Telephone Number

MAILING ADDRESS:
Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy | <input type="checkbox"/> \$160.00 Filing Fee, Certificate
of Status & Certified Copy |
|---|---|--|---|

**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. eviCore healthcare MSI, LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "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.")

2. Tennessee
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FEI number, if applicable)

4. December 31, 2017
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 730 Cool Springs Boulevard
(Street Address of Principal Office)
Suite 800
Franklin, TN 37067

6. 400 Buckwalter Place Boulevard
(Mailing Address)
Bluffton, SC 29910

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporations Services Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(City) (Zip code)

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 comply with 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.

(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

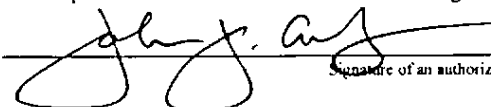
<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
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<u>President</u>	<u>John J. Arlotta</u> <u>400 Buckwalter Place Blvd.</u> <u>Bluffton, SC 29910</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(Use attachments if necessary)

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)

10. 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.



Signature of an authorized person

John J. Arlotta

Typed or printed name of signee

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DIVISION OF CORPORATIONS
18 FEB -6 PM 2:18



Tre Hargett
Secretary of State

Division of Business Services
Department of State
State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

EVICORE HEALTHCARE

January 11, 2018

PAULA BROWN
400 BUCKWALTER PLACE BLVD.
BLUFFTON, SC 29910-5150

Request Type: Certificate of Existence/Authorization
Request #: 0263025

Issuance Date: 01/11/2018
Copies Requested: 1

Document Receipt

Receipt #: 003737011
Payment-Credit Card - State Payment Center - CC #: 3718845437

Filing Fee: \$20.00
\$20.00

Regarding: eviCore healthcare MSI, LLC
Filing Type: Limited Liability Company - Domestic
Formation/Qualification Date: 07/28/1995
Status: Active
Duration Term: Perpetual
Business County: WILLIAMSON COUNTY

Control #: 298131
Date Formed: 07/28/1995
Formation Locale: TENNESSEE
Inactive Date:

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

eviCore healthcare MSI, LLC

- * is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;
- * has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
- * has filed the most recent annual report required with this office;
- * has appointed a registered agent and registered office in this State;
- * has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett
Secretary of State

Processed By: Cert Web User

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