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From: Account Name : SHUMAKER, LOOP & KENDRICK LLP  
Account Number : 075500004387  
Phone : (813)229-7600  
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Email Address: cnethero@slk-law.com

Foreign Limited Liability Company  
Inpatient Specialists Group LLC

Certificate of Status	0
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DIVISION OF STATE  
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INPATIENT SPECIALISTS GROUP LLC  
2700 Healing Way, Suite 300  
Wesley Chapel, FL 33544

November 28, 2018

Florida Secretary of State  
Limited Liability Section

Re: Consent to Use Name Inpatient Specialists Group LLC

Dear Ladies and Gentlemen:

This letter will serve as our consent to allow the Florida Secretary of State to file an Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida submitted by Inpatient Specialists Group LLC, a Wyoming limited liability company and our consent for Inpatient Specialists Group LLC, a Wyoming limited liability company to use the name Inpatient Specialists Group LLC upon qualification with the Florida Secretary of State.

Effective Nov. 28, 2018, Inpatient Specialists Group LLC, a Florida limited liability company ("ICS FL"), was dissolved, and an affiliate of ICS FL. Inpatient Specialists Group LLC, a Wyoming limited liability company desires to do business in Florida under the name Inpatient Specialists Group LLC.

INPATIENT SPECIALISTS GROUP LLC

By: 

Name: Brian S. Clark

Title: Administrator

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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# 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. Inpatient Specialists Group 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. Wyoming

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

3. 83-0854228

(FEI number, if applicable)

## 4. 06/13/2018

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

## 5. 2700 Healing Way

(Street Address of Principal Office)

Suite 300

Wesley Chapel, FL 33544

## 6. 2700 Healing Way

(Mailing Address)

Suite 300

Wesley Chapel, FL 33544

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

Name: Supriya S. Taneja

Office Address: 6911 Bryan Dairy Road

Largo

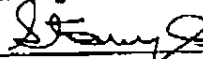
(City)

, Florida 33777

(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:

Title or Capacity:

Name and Address:

Title or Capacity:

Name and Address:

AMBR

Dr. Krishna Tewari

2700 Healing Way, Suite 300  
Wesley Chapel, FL 33544

(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.

Supriya Taneja

Signature of an authorized person

Authorized Person

Supriya Taneja

Typed or printed name of signer

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**STATE OF WYOMING**  
**Office of the Secretary of State**

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

**Inpatient Specialists Group LLC**  
is a  
**Limited Liability Company**

formed or qualified under the laws of Wyoming did on **June 13, 2018**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2018-000807716**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 7th day of December, 2018 at 12:31 PM. This certificate is assigned 028978439.



*Edward A. Buchanan*  
Secretary of State

FILED  
DEC - 7 PM 1:24  
CLERK OF STATE  
TAMMASEE, FLORIDA

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website <http://wyobiz.wy.gov> and following the instructions displayed under Validate Certificate.

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TOTAL P.04