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To: Division of Corporations
Fax Number : (350) 617-6393

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614) 250-3336
Fax Number : (954) 208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

Foreign Limited Liability Company
BAYLIFE PHYSICAL THERAPY & REHABILITATION BIA, LLC

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|-----------------------|----------|
| Certificate of Status | 0 |
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SEP 26 2019

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. BuyLife Physical Therapy & Rehabilitation BIA, 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. Delaware 3. _____
(Indicate on order the law of which foreign limited liability company is organized) (FBI number, if applicable)

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

5. 480 Johnson Road, Suite 303 6. 480 Johnson Road, Suite 303
(Street Address of Principal Office) (Mailing Address)
Washington, PA 15301 Washington, PA 15301

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

Name: CT Corporation System
Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(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, 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.

By: CT Corporation System Stephanie Hencz
(Registered agent's signature)

Stephanie Hencz
Assistant Secretary

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: |
|--------------------|---|--------------------|-------------------|
| Authorized | Ryan Christoff 480 Johnson Road, Suite 303 Washington, PA 15301 | | |
| | | | |
| | | | |

(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.

DAYLIFE PHYSICAL THERAPY & REHABILITATION, INC., SOLE MEMBER

BY: Ryan Christoff
Signature of an authorized person

Ryan Christoff, President RYAN CHRISTOFF
Typed or printed name of officer

Delaware

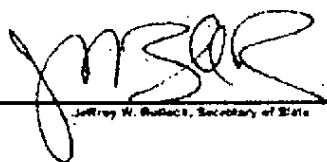
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Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "BAYLIFE PHYSICAL THERAPY &
REHABILITATION BIA, 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-FIFTH DAY
OF SEPTEMBER, A.D. 2019.

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




Jeffrey W. Bullock, Secretary of State