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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: NATIONAL SPINE AND PAIN CENTERS 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:

AMY DILCHER, ESQUIRE

Name of Person

NATIONAL SPINE AND PAIN CENTERS LLC

Firm/Company

11921 ROCKVILLE PIKE, SUITE 505

Address

ROCKVILLE, MD 20852

City/State and Zip Code

complianceemail@cscglobal.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHERYL GREEN

804

920-0096

at ()

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☒ \$155.00 Filing Fee &
Certified Copy

☐ \$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. NATIONAL SPINE AND PAIN CENTERS 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

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

45-3202081

3. (FEI number, if applicable)

4. FEBRUARY 7, 2020

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

5. 7964 SUMMERLIN LAKES DRIVE

(Street Address of Principal Office)

6. 11921 ROCKVILLE PIKE, STE. 505

(Mailing Address)

FORT MYERS, FL 33907

ROCKVILLE, MD 20852

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee

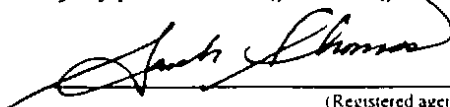
(City)

, Florida 32301

(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.



Sarah Thomas, Assistant Secretary

(Registered agent's signature)

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2021 FEB 28 A M: 58
TALLAHASSEE, FLORIDA

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity: **Name and Address:**

☒ Manager Name: Douglas Wisor
☐ Member Address: 11921 Rockville Pike
☐ Authorized Suite 505
Person Rockville, MD 20852
☐ Other ☒ Other CEO

Title or Capacity: **Name and Address:**

☐ Manager Name: David McCabe
☐ Member Address: 11921 Rockville Pike
☐ Authorized Suite 505
Person Rockville, MD 20852
☒ Other CFO ☐ Other

☒ Manager Name: Jerome Rhodes
☐ Member Address: 11921 Rockville Pike
☐ Authorized Suite 505
Person Rockville, MD 20852
☐ Other ☐ Other

☒ Manager Name: Sriram Venkataraman
☐ Member Address: 11921 Rockville Pike
☐ Authorized Suite 505
Person Rockville, MD 20852
☐ Other ☐ Other

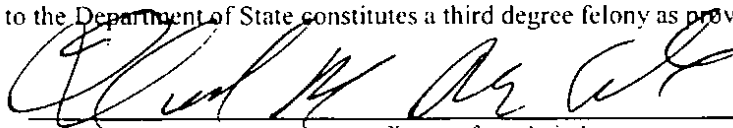
☐ Manager Name: Robert Brabo
☐ Member Address: 11921 Rockville Pike
☐ Authorized Suite 505
Person Rockville, MD 20852
☒ Other VP ☐ Other

☐ Manager Name: Amy Dilcher
☐ Member Address: 11921 Rockville Pike
☐ Authorized Suite 505
Person Rockville, MD 20852
☒ Other VP ☐ Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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

Chief Financial Officer

Typed or printed name of signee

Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NATIONAL SPINE AND PAIN CENTERS, 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 FEBRUARY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NATIONAL SPINE AND PAIN CENTERS, LLC" WAS FORMED ON THE TWENTY-THIRD DAY OF AUGUST, A.D. 2011.



5026001 8300

SR# 20200877162

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

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 202339985

Date: 02-06-20