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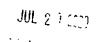
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Foreign Limited Liability Company SOUTHERN SPORTS MEDICINE PARTNERS, LLC

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: $_{1-}$ SouthernSportsMedicinePartners,LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LL C," or "LL C.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Fforda. The alternate name must include "Limited Liability Company." "L.L.C." or "LLC.") Delaware (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605 0004 & 605 0005, F.S. to determine populty liability.) IE. Wacker Dr., Stc. 2900 1E.WackerDr., Stc. 2900 6. (Stailing Address) (Street Address of Principal Office) Chicago, IL 60601 Chicago, IL 60601 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) **CTCorporationSystem** Name: 1200SouthPineIslandRoad Office Address: Plantation , Florida (City) 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.

Assistant Secretary

(Registered agent's signature)

Stephane Honay

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:	Title or Capacity:	Name and Address:
□Manager	Name: Mike Cooper	□ Manager	Name: Chris Mioton
⊆Member	I E. Wacker Dr., Stc. 2900 Address: Chicago, IL 60601	☐ Member	1 E. Wacker Dr., Ste. 2900 Address: Chicago, IL 60601
□Authorized		Authorized	
Person		Person Vice Ch	airman
x:Other_Chairma	n □Other	▼ Other and Sec	
⊡Manager	Name:	□Manager	Name:
⊡Member	Address:	□Member	Address:
□Authorized		☐ Authorized	
Person		Person	
□Other	Other	_Other	□ Other
⊡Manager	Name:	☐ Manager	Name:
□Member	Address:	□ Member	Address:
□Authorized		Authorized	
Person		Person	
⊡Other	Other	_Other	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.

M	
Signature of an authorized person	
Mike Cooper, Chairman	
Transit or provided manners of courses	

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "SOUTHERN SPORTS MEDICINE PARTNERS,

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-FIRST DAY OF JULY, A.D. 2020.

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

at coro delaware sov/auti

Authentication: 203320276

Date: 07-21-20