2/15/22, 4:05 PM

Division of Corporations

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Foreign Limited Liability Company DYNAMIC INFUSION THERAPY, LLC

Certificate of Status	0
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S. ROBERTS FEB 1 5 2022

From: Lexus Wingo

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 COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA: DYNAMIC INFUSION THERAPY, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "L.L.C.") (If rame unavailable, once alternate name adopted for the purpose of transacting business in Florida. The afternate name must include "Limited Liability Company," "L.L.C," or "LLC.") 90-0198507 (haradiction under the law of which foreign limited liability company is organized) 2600 N. CENTRAL EXPRESSWAY 2600 N. CENTRAL EXPRESSWAY (Mailing Address) (Street Address of Principal Office) SUITE 280 SUITE 280 RICHARDSON, TX 75082 RICHARDSON, TX 75082 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) C T Corporation System Name: 1200 South Pine Island Road Office Address: Plantation , Florida (Cay)

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.

Ву:	Chambarcer	Chostine Ketti Assistant Secretary		
(Registered egera's signature)				

From: Lexus Wingo

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to

litle or Capacity:	Name and Address:	Title or Capacit	<u>Y:</u>	Name and Address:
⊒Manager	Name:	□Manager	Name:	
∃Member	Address: Richardson, TY 75082	□Member	Address:	
Authorized	THOMAS BUMPASS	□Authorized		-
Person		Person		· ———
	Other	□ Other	<u>-</u>	Other
□Manager	Name:	□Manager	Name:	
] Member	Address:	□Member	Address:	. <u></u>
□Authorized		Authorized		
Person		Person		
□Other	Other	Other		Other
⊒Manager	Name:	□Manager	Name:	<u> </u>
□Member	Address:	□Member	Address: _	
] Authorized		□Authorized		
Person		Person		
□ Other		□Other		□Other

- 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.

7/2	
Signature of	Fan authorized person
THOMKS	Numparr
Typed or p	rinted name of signee

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



John B. Scott Secretary of State

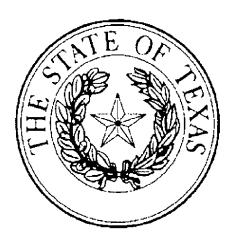
Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Conversion for DYNAMIC INFUSION THERAPY, LLC (file number 803924263), a Domestic Limited Liability Company (LLC), was filed in this office on January 29, 2021.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on February 08, 2022.



John B. Scott Secretary of State

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