CHARLOTTE, NORTH CAROLINA 28202-4003
TELEPHONE 704-331-1000
FACSIMILE 704-331-1159
http://www.mvalaw.com

July 31, 1997

Florida Secretary of State Division of Corporations 409 East Gaines Street Tallahassee, Florida 32399

1 00002274721--5 -08/22/97--01060--012 ****285.00 ****285.00

RE: Women's & Children's Centers of Florida LLC

Dear Sir or Madam:

Enclosed herewith please find the following documents for your review and filing:

1. One (1) executed original and two (2) conformed copies of the Application by Foreign Limited Liability Company for Authorization to Transact Business in Floridary for Sylvanian Women's & Children's Centers of Florida LLC;

2. One (1) Certificate of Existence for Women's & Children's Centers of Floridate LLC; and

3. One (1) check made payable to the Florida Secretary of State in the amount of \$285.00 for filing fees.

We would appreciate it if you would return to us in the enclosed pre-paid envelope a certified copy of the Application once filed by you.

Please do not hesitate to contact me directly at (704) 331-1088 if you should have any questions or if there should be any problems. Thank you for your assistance.

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VSW:shg 219349

MOORE & VAN ALLEN, PLLC

ATTORNEYS AT LAW

VICTORIA S. WINDELL
E-MAIL windelly@myslaw.com

100 NORTH TRYON STREET FLOOR 47
CHARLOTTE, NORTH CAROLINA 28202-4003
TELEPHONE 704-331-1000
FACSIMILE 704-331-1159
http://www.mvalew.com

September 17, 1997

DIRECT DIAL 704-331-1088

SECRETARY OF STATE DIVISION OF CORPORATION:

Florida Secretary of State Division of Corporations 409 East Gaines Street Tallahassee, Florida 32399

> RE: Application by Foreign Corporation for Withdrawal of Authority to Transact Business or Conduct Affairs in Florida

Dear Sir or Madam:

Pursuant to your request, enclosed please find one (1) Unanimous Consent of the Members of Women's and Children's Centers of Florida LLC authorizing the company to use the name "Women's and Children's Centers of Florida Associates LLC" when conducting business in Florida. We have also enclosed a copy of your letter dated August 22, 1997 for your convenience.

Now that the documentation is complete, please process the Application at your earliest convenience. If you should have any questions or if there should be any problems, please do not hesitate to contact me directly at (704) 331-1088. Thank you for your assistance.

Sincerely yours,

MOORE & VAN ALLEN, PLLC

Vicley Windell

Victoria S. Windell

VSW:shg Enclosures

cc: Steven M. Scott (w/enc)

225634



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

August 22, 1997

VICTORIA S. WINDELL MOORE & VAN ALLEN, PLLC 100 NORTH TRYON STREET, 47TH FLOOR CHARLOTTE, NC 28202-4003

SUBJECT: WOMEN'S & CHILDREN'S CENTERS OF FLORIDA LLC

Ref. Number: W97000019533

We have received your document for WOMEN'S & CHILDREN'S CENTERS OF FLORIDA LLC and your check(s) totaling \$285.00. However, the document has not been filed and is being retained in this office for the following:

The name designated in your document is not available. Therefore, the limited liability company must adopt an alternate name for use in the state of Florida. To adopt an alternate name the entity must submit a resolution signed by a managing member or manager adopting the alternate name for use in the state of Florida. The alternate name must end with "L.L.C.," "L.C.," "Limited Liability Company" or "Limited Company."

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6020.

Letter Number: 797A00042581

Tammi Cline Document Specialist SECRETARY OF SIAIDNS VISION OF CORPORATIONS

WOMEN'S AND CHILDREN'S CENTERS OF FLORIDA LLC

UNANIMOUS CONSENT OF THE MEMBERS

The undersigned, being all of the members of WOMEN'S AND CHILDREN'S CENTERS OF FLORIDA LLC, a North Carolina limited liability company (the "Company"), do consent and agree to the following:

(1) That the Company will use the name WOMEN'S AND CHILDREN'S CENTERS OF FLORIDA ASSOCIATES LLC when transacting business in the state of Florida.

This action is effective the 10th day of September 1997.

IN WITNESS WHEREOF, the undersigned have executed this consent in writing as of this 10th day of perfember 1997.

SCOTT MEDICAL GROUP LLC, Member

Name: Steven M. Scott

Title: Manager

Steven M. Scott, Member

224049

SECRETARY OF STATE DIVISION OF CORPORATIONS

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| rth Carolina isdiction under the law of which foreign | n limited liability | . <u>56-2031534</u> (FEI number, if app | licable) |
|--|--|---|---------------------------------------|
| pany is organized) | ii minied Habiniy | (rei number, ir spp | oncaule) |
| y 19, 1997 (Date of Organization) | 5 | | |
| (Date of Organization) | | (Duration: Year limited liability or exist or "perpetual") | ompany will ease to |
| ne 1, 1997 | Florida (Con | ections 608.501, 608.502, and 817.15 | |
| | ess in Pionida. (See se | ections 608.501, 608.502, and 817.15 | 5, F.S.) |
| 28 Croasdaile Drive | | | |
| rham, NC 27705 | | · · | |
| | (Steppt milderes afr | | |
| | (Street address of | • | |
| name, title, and business address | of each managing | g member[MGRM] or manager | [MGR]who |
| name, title, and business address | of each managing | g member[MGRM] or manager | [MGR]who f necessary) |
| name, title, and business address | of each managing | g member[MGRM] or manager | [MGR]who f necessary) TITLE:49 |
| name, title, and business address manage the foreign limited liabil | of each managing lity company in Fl | g member[MGRM] or manager orida: (attach additional page i | f necessary) |
| name, title, and business address manage the foreign limited liabil NAME & ADDRESS: | of each managing lity company in FI | g member[MGRM] or manager orida: (attach additional page i | f necessary) |
| name, title, and business address manage the foreign limited liabil NAME & ADDRESS: Scott Medical Group LLC 2828 Croasdaile Drive | of each managing lity company in FI | g member[MGRM] or manager orida: (attach additional page i | f necessary) TITLE: 97 SEP 22 |
| name, title, and business address manage the foreign limited liabil NAME & ADDRESS: | of each managing lity company in FI | g member[MGRM] or manager orida: (attach additional page i | f necessary) TITLE: 97 SEP 22 PM 12: |
| name, title, and business address manage the foreign limited liabil NAME & ADDRESS: Scott Medical Group LLC 2828 Croasdaile Drive | of each managing lity company in FI | g member[MGRM] or manager orida: (attach additional page i | f necessary) TITLE: 97 SEP 22 |
| name, title, and business address manage the foreign limited liabil NAME & ADDRESS: Scott Medical Group LLC 2828 Croasdaile Drive | of each managing lity company in FI | g member[MGRM] or manager orida: (attach additional page i | f necessary) TITLE: 97 SEP 22 PM 12: |
| name, title, and business address manage the foreign limited liabil NAME & ADDRESS: Scott Medical Group LLC 2828 Croasdaile Drive | of each managing lity company in FI | g member[MGRM] or manager orida: (attach additional page i | f necessary) TITLE: 97 SEP 22 PM 12: |
| name, title, and business address manage the foreign limited liabil NAME & ADDRESS: Scott Medical Group LLC 2828 Croasdaile Drive | of each managing lity company in FI | g member[MGRM] or manager orida: (attach additional page i | f necessary) TITLE: 97 SEP 22 PM 12: |

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

| The undersigned | member or authorized representative of a member of Women's & Chile | iren's Cer | iters | _ |
|--------------------|--|------------|----------|------------|
| of Florid | a LLC deposes and says: | | | |
| 1) the above nam | ed limited liability company has at least two members | | | |
| 2) the total amou | nt of cash contributed by the member(s) is | \$ 100.00 | <u> </u> | -4 |
| | eed value of property other than cash contributed by member(s) is of the property is attached and made a part hereto. | \$ | | <u>.</u> . |
| | cash or property anticipated to be contributed by member(s) is ides amounts from 2 and 3 above. | \$ | | -1 |
| 5) the total amoun | nt of cash or property anticipated to be contributed by member(s) is | \$ 100.00 |) | - · |
| | Stm. Deagno | | , | |
| | Signature of a member or authorized representative of a member (In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.) | er. | 97 SEF | DIVISION |

Filing Fee: \$250.00 for Application and Affidavit

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

| 1. | The name of the Limited Liability Company is: | | |
|----|--|-------------------------|---------|
| | Women's & Children's Centers of Florida LLC | | |
| 2. | The name and address of the registered agent and office are: | | |
| | . Showman Padalaku | 01Vis 97 | 33 |
| | Sherman Podolsky (Name) | SEP | 윮 |
| | - (a tamo) | P 22 | ETARN |
| | 3200 North Andrews Avenue | ₽ 🧣 | |
| | (P.O. Box or Mail Drop Box NOT ACCEPTABLE) | RPORATION: PM 12: 49 | STA: |
| | • | 6 th | <u></u> |
| | Fort Lauderdale, Florida 33309 | Ψ # | 5 |
| | (City/State/Zip) | | |
| | | | |

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Shelle Signature) 8/8/97 (Date)

Filing Fee: \$35 for Designation of Registered Agent



Department of The Secretary of State

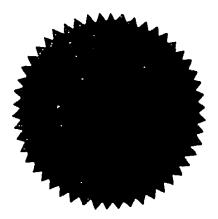
CERTIFICATE OF EXISTENCE (Limited Liability Company)

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

WOMEN'S & CHILDREN'S CENTERS OF FLORIDA LLC

is a limited liability company duly formed under the laws of the State of North Carolina, having been formed on the 19th day of May, 1997, with a period of duration ending DEC 2050.

I FURTHER certify that the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act; and that the said limited liability company has not filed articles of dissolution as of the date of this certificate.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 4th day of June, 1997.

Elaine J. Marshall

Secretary of State