

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1212

1198000000376

Medical Asset Fund,
LLC

600002495186--9
-04/21/98--01046--021
****390.00 ****390.00

* File First *

ML
4/21/98

Signature _____

Requested by: AS

4/21/98

11:33

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

____ Art of Inc. File _____

____ LTD Partnership File _____

____ Foreign Corp. File _____

☒ L.C. File _____ 600002495186--9
-04/21/98--01046--021
****70.00 ****17.50

____ Fictitious Name File _____

____ Trade/Service Mark _____

____ Merger File _____

____ Art. of Amend. File _____

____ RA Resignation _____

____ Dissolution / Withdrawal _____

____ Annual Report / Reinstatement _____

☒ Cert. Copy X2

____ Photo Copy _____

☒ Certificate of Good Standing X2

____ Certificate of Status _____

____ Certificate of Fictitious Name _____

____ Corp Record Search _____

____ Officer Search _____

____ Fictitious Search _____

____ Fictitious Owner Search _____

____ Vehicle Search _____

____ Driving Record _____

____ UCC 1 or 3 File _____

____ UCC 11 Search 407.

____ UCC 11 Retrieval _____

____ Courier _____

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 APR 21 PM 2:25

RECEIVED
98 APR 21 AM 11:56
DIVISION OF CORPORATION

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

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

1. Medical Asset Fund, LLC
(Name of foreign limited liability company must end with the words "limited company" or their abbreviation "L.C." if not so contained in the name at present.)
2. Georgia
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 62-1705962
(FEI number, if applicable)
4. July 3, 1997
(Date of Organization)
5. January 1, 2009
(Duration: Year limited liability company will cease to exist or "perpetual")
6. Upon filing of this application
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. 6065 Roswell Road, Suite 1445
Atlanta, Georgia 30328
(Street address of principal office)

8. List name, title, and business address of each managing member[MGRM] or manager[MGR] who will manage the foreign limited liability company in Florida: (attach additional page if necessary)

NAME & ADDRESS:	TITLE:	NAME & ADDRESS:
<u>Todd P. Robinson</u>	<u>Mgr.</u>	<u></u>
<u>2307 Princess Anne Drive</u>		<u></u>
<u>Greensboro, NC 27408</u>		<u></u>
<u>John Sheehan, Jr.</u>	<u>Mgr.</u>	<u></u>
<u>4020 Bow Street N.E.</u>		<u></u>
<u>Cleveland, TN 37312</u>		<u></u>
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STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
58 APR 21 PM 2:25

CAPITAL CONNECTION

850 222 1222

04/15 '98 14:18 NO.472 06/06

**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:

Medical Asset Fund, LLC

2. The name and address of the registered agent and office is:

Jeffrey Drew Butt

(Name)

201 East Kennedy Boulevard, Suite 1000

(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Tampa, FL 33602

(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.

Jeffrey Drew Butt
(Signature)

4/15/98

(Date)

Filing Fee: \$ 35 for Designation of Registered Agent

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98 APR 21 PM 2:25

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850 222 1222

04/15 '98 14:18 NO.472 05/06

**AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN
LIMITED LIABILITY COMPANY**

The undersigned member or authorized representative of a member of Medical Asset Fund, LLC
deposes and says:

1) the above named limited liability company has at least two members

2) the total amount of cash contributed by the member(s) is

\$ 431,000.00

3) if any, the agreed value of property other than cash contributed by member(s) is
A description of the property is attached and made a part hereto.

\$ -0-

4) the amount of cash or property anticipated to be contributed by member(s) is
This total includes amounts from 2 and 3 above.

\$ 446,000.00

5) the total amount of cash or property anticipated to be contributed by member(s) is

\$ 446,000.00

EPW-North Carolina, LLC, Member

BY: Todd P. Robinson

Signature of a member or authorized representative of a member.
(In accordance with section 608.404(3), Florida Statutes, the execution of this
affidavit constitutes an affirmation under the penalties of perjury that the facts
stated herein are true.)

Todd P. Robinson, Manager

Filing Fee: \$250.00 for Application and Affidavit

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 APR 21 PM 2:25

Secretary of State
Corporations Division
Suite 315, West Tower
2 Martin Luther King Jr. Dr.
Atlanta, Georgia 30334-1530

DOCKET NUMBER : 981060670
CONTROL NUMBER : 9725550
DATE INC/AUTH/FILED: 07/03/1997
JURISDICTION : GEORGIA
PRINT DATE : 04/16/1998
FORM NUMBER : 211

AARON ABERSON
HARMAN, OWEN, SAUNDERS & SWEENEY P.C.
230 PEACHTREE ST., STE. 1900
ATLANTA, GA 30303

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DIVISION OF CORPORATIONS
98 APR 21 PM 2:25

CERTIFICATE OF EXISTENCE

I, Lewis A. Massey, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

MEDICAL ASSET FUND, LLC
A GEORGIA LIMITED LIABILITY COMPANY

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



Lewis A. Massey

Lewis A. Massey
Secretary of State