



THE UNITED STATES  
CORPORATION  
COMPANY

M98000001203

ACCOUNT NO. : 072100000032

REFERENCE : 000242 4346980

AUTHORIZATION : Patricia Pignatelli

COST LIMIT : \$ 337.50

ORDER DATE : October 19, 1998

ORDER TIME : 11:08 AM

ORDER NO. : 000242-005

CUSTOMER NO: 4346980

CUSTOMER: Ms. Felicia M. Twardoch  
Kalish & Ward  
101 East Kennedy Boulevard  
4100 Barnett Plaza  
Tampa, FL 33602

FILED  
SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
98 OCT 19 PM 3:58

FOREIGN FILINGS

400002666904--0

NAME: SPINE DIAGNOSTIC &  
REHABILITATION SERVICES OF  
TAMPA BAY LLC

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX \_\_\_\_\_ CERTIFIED COPY  
\_\_\_\_\_ PLAIN STAMPED COPY  
\_\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Robert Maxwell

RECEIVED  
98 OCT 19 AM 11:41  
DEPARTMENT OF STATE  
OFFICE OF THE SECRETARY  
WASHINGTON, D.C. 20540

10/19/98

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

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*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:*

1. **SPINE DIAGNOSTIC & REHABILITATION SERVICES OF TAMPA BAY LLC.**  
(Name of foreign limited liability company)
2. Delaware  
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 59-3535317  
(FEI number, if applicable)
4. August 11, 1998  
(Date of Organization)
5. Perpetual  
(Duration)
6. October 14, 1998  
(Date first transacted business in Florida)
7. 936 South Howard Avenue, Tampa, Florida 33606  
(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:

**NAME & ADDRESS:**

**TITLE:**

Kenneth Ditzian  
936 South Howard Avenue  
Tampa, Florida 33606

MGRM

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

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The undersigned member or authorized representative of a member of SPINE DIAGNOSTIC & REHABILITATION SERVICES OF TAMPA BAY LLC certifies:

1. The above-named limited liability company has at least one member.
2. The total amount of cash contributed by the member(s) is \$2,500.
3. If any, the agreed value of property other than cash contributed by member(s) is \$0.
4. The total amount of cash and property contributed and anticipated to be contributed by member(s) is \$2,500.

**SPINE DIAGNOSTIC & REHABILITATION  
SERVICES OF TAMPA BAY LLC**

By:

Kenneth Ditzian  
Kenneth Ditzian

**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 TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is **SPINE DIAGNOSTIC & REHABILITATION SERVICES OF TAMPA BAY LLC.**
2. The name and the Florida street address of the registered agent and office are:

William Kalish  
101 E. Kennedy Boulevard  
Suite 4100  
Tampa, Florida 33602

*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.*

  
\_\_\_\_\_  
WILLIAM KALISH

State of Delaware

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Office of the Secretary of State

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I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SPINE DIAGNOSTIC & REHABILITATION SERVICES OF TAMPA BAY 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 FOURTEENTH DAY OF OCTOBER, A.D. 1998.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

2931785 8300

981395920

9352954

10-14-98



*Edward J. Freel*  
Edward J. Freel, Secretary of State

AUTHENTICATION:

DATE: