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DIANNE L. PAPIERNIAK

KUTAK ROCK

Requestor's Name

225 PEACHTREE ST. N.E. STE 2100

Address

ATLANTA, GA 30303-1731

City/State/Zip

Phone #

200002788462--4

-02/26/99--01060--008

\*\*\*\*293.75 \*\*\*\*293.75

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. \_\_\_\_\_  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

☐ Walk in

☐ Pick up time \_\_\_\_\_

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED  
99 FEB 26 PM 3:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LC  
3-4-99

ORIGINAL

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. Prime Health Care Capital, L.L.C.  
(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. FEIN applied for.  
( FEI number, if applicable)
4. January 14, 1999  
(Date of Organization)
5. December 31, 2050  
(Duration: Year limited liability company will cease to  
exist or "perpetual")
6. The Company has not yet transacted business in FL, but anticipates doing so prior to  
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.) 12/31/99.
7. Suite 211, 3500 Piedmont Road  
Atlanta, Georgia 30305  
(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:	TITLE:
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<u>Health Care Capital, Inc.</u>	<u>MGRM</u>		
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<u>Suite 301</u>			
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<u>6007 Financial Plaza</u>			
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<u>Shreveport, LA 71129</u>			
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TALLAHASSEE, FLORIDA

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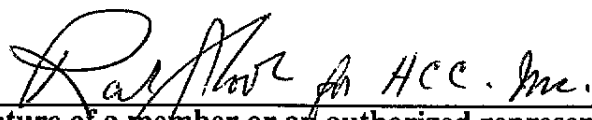
9. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the Secretary of State or the proper official  
having custody of records in the state under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign  
language, a translation of the certificate under oath of the translator must be submitted.)

ORIGINAL

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

The undersigned member or authorized representative of a member of \_\_\_\_\_  
Prime Health Care Capital, L.L.C. 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 \$ 1,000 ;
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$ -0- ;  
(A description of the property is attached and made a part hereto.)  
and
- 4) the total amount of cash and property contributed and anticipated to be contributed  
by member(s) is \$ 3,000 .  
(This total includes amounts from 2 and 3 above.)

  
\_\_\_\_\_  
**Signature of a member or an 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.)

PRESIDENT  
Raymond J. Cook, CEO of Managing Member, Health Care Capital, Inc.  
Typed or printed name of signee

**Filing Fee: \$250.00 for Application and Affidavit**

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TALLAHASSEE, FLORIDA

ORIGINAL

**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:

Prime Health Care Capital, L.L.C.

2. The name and the Florida street address of the registered agent and office are:

David R. Vaughan

(Name)

210 South Parsons Avenue, Suite 12

Florida street address (P.O. Box **NOT** ACCEPTABLE)

Brandon, FL 33511

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.*

David R. Vaughan  
(Signature)

**Filing Fee: \$ 35 for Designation of Registered Agent**

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TALLAHASSEE, FLORIDA

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

DOCKET NUMBER : K90530785  
CONTROL NUMBER : K902312  
DATE INC/AUTH/FILED: 01/14/1999  
JURISDICTION : GEORGIA  
PRINT DATE : 02/22/1999  
FORM NUMBER : 211

KUTAK ROCK/DIANNE PAPIERNIAK  
STE. 2100, 223 PEACHTREE ST., NE  
ATLANTA, GA 30303

**CERTIFICATE OF EXISTENCE**

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

**PRIME HEALTH CARE CAPITAL, L.L.C.**  
**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.



Cathy Cox  
Secretary of State