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CT CORPORATION SYSTEM

Requestor's Name  
660 East Jefferson Street

Address  
Tallahassee, FL 32301 222-1092  
City State Zip Phone

CORPORATION(S) NAME

800002869058--6  
-05/10/99--01068--005  
\*\*\*\*205.00 \*\*\*\*285.00

INDIAN RIVER HEALTH INVESTORS, LLC

- ☐ Profit ☐ Amendment ☐ Merger  
☐ NonProfit ☐ Dissolution/Withdrawal ☐ Mail  
☒ Limited Liability Co. ☐ Other UCC Filing  
☒ Foreign ☐ Change of R.A.  
☐ Limited Partnership ☐ Reservation ☐ Fic. Name  
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JEFFREY D. BUTTERFIELD

# 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. Indian River Health Investors, 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. Virginia  
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 54-1935395  
(FEI number, if applicable)
4. February 19, 1999  
(Date of Organization)
5. perpetual  
(Duration: Year limited liability company will cease to exist or "perpetual")
6. Will transact business upon qualification  
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. 4415 Pheasant Ridge Road, Suite 301  
Roanoke, Virginia 24014  
(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:
<u>James R. Smith</u>	<u>Manager</u>	<u></u>	<u></u>
<u>4415 Pheasant Ridge Rd.</u>		<u></u>	
<u>Suite 301</u>		<u></u>	
<u>Roanoke, Virginia 24014</u>		<u></u>	
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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 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.)

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 MAY 10 PM 1:05  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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

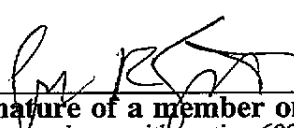
The undersigned member or authorized representative of a member of Indian River Health  
Investors, LLC certifies:

1) the above named limited liability company has at least one member;

2) the total amount of cash contributed by the member(s) is \$ 100 ;

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 \$ 500,000  
(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.)

\_\_\_\_\_  
James R. Smith, Managing Member

\_\_\_\_\_  
Typed or printed name of signee

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TALLAHASSEE, FLORIDA

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

**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:

Indian River Health Investors, LLC

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

CT Corporation System

(Name)

1200 South Pine Island Road

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

Plantation

FL 33324

City/State/Zip

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TALLAHASSEE, FLORIDA

*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.*

CT Corporation System

By: Kevin J. Gallagher

(Signature)

Kevin J. Gallagher, Assistant Vice President

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

# Commonwealth of Virginia



## State Corporation Commission

I Certify the Following from the Records of the Commission:

a Virginia Limited Liability Company certificate was filed in this office on February 19, 1999 by INDIAN RIVER HEALTH INVESTORS, LLC.

a certificate of cancellation has not been filed in this office INDIAN RIVER HEALTH INVESTORS, LLC.

Nothing more is hereby certified.

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99 MAY 10 PM 1:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Signed and Sealed at Richmond  
on this Date: April 26, 1999

*Joel H. Beck*

Clerk of the Commission