# Document Julie Poly 990000000900

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Examiner\_ Updater\_\_\_ Verifier

Acknowledgement W.P. Verifier

500002907465--0 -06/17/99--01047--006 \*\*\*\*\*285.00 \*\*\*\*285.00

-06/17/99--01047--005

\*\*\*\*\*52.50 \*\*\*\*\*52.50 CORPORATION(S) NAME VetCor of Bardmoor LLC () Profit () Amendment () Merger () Nonprofit (x) Foreign () Dissolution/Withdrawal () Mark () Reinstatement () Limited Partnership () Annual Report () Other () Name Registration (x) LLC () Change of RA () Fictitious Name () UCC (x) Certified Copy () Photocopies () CUS () Call When Ready () After 4:30 () Call If Problem (x) Walk In () Will Wait (x) Pick Up () Mail Out Name 06/17/99 Availability Document

## 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:

company" or their abbreviations "	company must end with the words "limited liability company" or "limited" L.L.C." or "L.C." if not so contained in the name at present.)
Delaware	3.04-3389094
(Jurisdiction under the law of wh company is organized)	ich foreign limited liability (FEI number, if applicable)
ay 17, 1999	5 Perpetual
(Date of Organization	on)  5 Perpetual  (Duration: Year limited liability company will cease to exist or "perpetual")
une 24, 1999 (anticipated	
· (Date first transacte	d business in Florida. (See sections 608.501, 608.502 and 817.155, F.S.)
c/o The VetCor Group, 33	50 Lincoln Place, Hingham, MA 02043
	(Street address of principal office)
	(Street address of principal office)
List name, title, and business	address of each managing member [MGRM] or manager [MGR] who
List name, title, and business will manage the foreign limit  NAME & ADDRESS:	address of each managing member [MGRM] or manager [MGR] who ded liability company in Florida: (attach additional page if necessary)  TITLE: NAME & ADDRESS: TITLE:
wiii manage the foreign limit	ed liability company in Florida: (attach additional page if necessary)
NAME & ADDRESS:	ed liability company in Florida: (attach additional page if necessary)
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having custody of records in the state under the law of which it is organized. (A hotocopy is not acceptable. If the certificate is in a foreign

language, a translation of the certificate under oath of the translator must be submitted.)

(FL057 - 4/23/98)

#### Addendum

1. Name: VetCor Professional Practices LLC

Title: MERM

c. 350 Lincoln Place, Hingham, MA 02043

DIVISION 17 AMIL: 39

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

Th	e undersigned member or authorized representative of a member of VetCor of Ba	rdmodi,LLC
_	certifies:	BONE OF
1)	the above named limited liability company has at least two members;	T AMIL: 39
2)	the total amount of cash contributed by the member(s) is	\$ 100.00 5
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.) and	\$ <del>-0</del>
4)		\$_100.00
	VetCor Professional Practice LLC, Sole Member  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	
	Peter R. DeFeo, Esq., Vice President and General County  Typed or printed name of signee	sel

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:	
_	VetCor of Bardmoor LLC	<u> </u>
2.	The name and the Florida street address of the registered agent and office are:	SECRETARY OF THE PARTY OF THE P
	C T CORPORATION SYSTEM (Name)	- MIII:
	1200 South Pine Island Road Florida street address (P.O. Box NOT ACCEPTABLE)	39
	Plantation FL 33324 (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.

C T CORPORATION SYSTEM

(Signature) LAUDEN H. KREATZ, SPECIAL ASSISTANT SECRETARY

Filing Fee: \$35 for Designation of Registered Agent

#### Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "VETCOR OF BARDMOOR 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 FIFTEENTH DAY OF JUNE, A.D. 1999.

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

99 JUN 17 AM 11: 39



Edward J. Freel, Secretary of State

**AUTHENTICATION:** 

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DATE:

06-15-99