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C T CORPORATION SYSTEM		•	-07/01/99	
Requestor's Name 660 East Jefferson Str	et			
Address . Tallahassee, FL 32301	(850)222-1092 Phone		2 <mark>00002920</mark> -07/01/99 *****885.00	)972 01065022 ****285.0
City State Zip				The state of the s
CORPORAT	ION(S) NAME			
hauderdale halles	Emergency	Sondlies, LCC	SLORI TATY 6 TALLAHASSEE,	99 JUL - PH
			FLORIDA	<u> </u>
() Profit () NonProfit () Limited Liability Comp	( ) Amenda	ment tion/Withdrawal	() Merger	
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Name Avallability Document Examiner Updater	7/1/99	PLEASI	E RETURN EXTRA CO FILE STAMPED THANKS JOEY	DEY(S)TT
Verifier Acknowledgment	4			
M P Verifier		<i>3</i>		

## 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:

. 11 0	2	. Applied For	
orth Carolina risdiction under the law of which		(FEI number, if applic	able)
mpany is organized)	, 10101giry	V	,
June 15, 1999	5.		11.00
(Date of Organizatio	n) ;	(Duration: Year limited liability of exist or "perpetual")	ompany will cease to
Upon Filing			
(Date first transacte	ed business in Florida. (See se	ections 608.501, 608.502, and 817.155,	F.S.)
2828 Croasdaile Drive		W. A. A. B	·
Durham, North Carolina	27705		
Burnaut, North Carolina	(Street address of	principal office)	
ill manage the foreign limit	ted liability company in	ging member[MGRM] or mar n Florida: (attach additional pa	ge if necessary)
ist name, title, and business ill manage the foreign limit  NAME & ADDRE	ted liability company in	ging member[MGRM] or man florida: (attach additional pan NAME & ADDRESS:	ager[MGR]who ge if necessary)  TITLE:
ill manage the foreign limit	ted liability company ir	n Florida: (attach additional pa	ge if necessary)
ill manage the foreign limit  NAME & ADDRE	ted liability company ir	n Florida: (attach additional pa	ge if necessary)
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vill manage the foreign limit  NAME & ADDRE	ted liability company ir	n Florida: (attach additional pa	ge if necessary)
will manage the foreign limit  NAME & ADDRE	ted liability company ir	n Florida: (attach additional pa	ge if necessary)

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 in in a foreign

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

# AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

The member or authorized representative of a member of LAUDERO	ALE
LAKES EMERGENCY SERVICES, LE 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	\$ 100.00 ;
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.) and	\$ <u><b>0</b>00.00</u> ;
4) the total amount of cash and property contributed and anticipated to be contributed by member(s) is  (This total includes amounts from 2 and 3 above.)	\$ 100.00
Signature of a member or an authorized representative of a mem	ıber.
(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.)	
EUGENE F. DAUCHENT TR	ASS
Typed or printed name of signee	AHASSEF

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.

Lauderdale	Lakes Emergency Services, LLC
The name a	and the Florida street address of the registered agent and office are:
	C T Corporation System
	(Name)
	1200 South Pine Island Road  Florida street address (P.O. Box NOT ACCEPTABLE)
	Plantation, Florida 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.

By: (Signature) ALLAN FARNEL

1. The name of the Limited Liability Company is:

ALLAN FARNELL ASSISTANT SECRETARY

Filing Fee: \$35 for Designation of Registered Agent

#### Rider to Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida

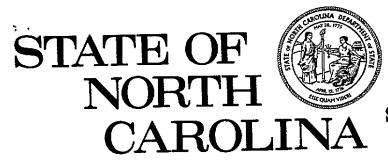
List name, title, and business address of each managing member or manager who will 8. manage the foreign limited liability company in Florida:

Title: Address: Name:

2828 Croasdaile Drive Member and Manager SHG/PhyAmerica

Durham, North Carolina 27705

Physician Services, Inc.



## Department of The Secretary of State

# **CERTIFICATE OF EXISTENCE** (Limited Liability Company)

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

### LAUDERDALE LAKES EMERGENCY SERVICES, LLC

is a limited liability company duly formed under the laws of the State of North Carolina, having been formed on the 15th day of June, 1999, with its period of duration ending DEC 2048.

I FURTHER certify that the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act; and that the said limited liability company has not filed articles of dissolution as of this date of this certificate.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 24th day of June, 1999.

Elaine J. Marshall

Secretary of State