ACCOUNT	NO.	:	072100000032
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REFERENCE: 510350 4721724

AUTHORIZATION : Potricia

COST LIMIT : \$ 125.00

ORDER DATE: December 9, 1999

ORDER TIME : 11:40 AM

OMPANY

ORDER NO. : 510350-005 S000000007265-8

CUSTOMER NO: 4721724

CUSTOMER: Ms. Kalen Kingsbury Schell Bray Et Al.

1500 Renaissance Plaza

P.o. Box 21847

Greensboro, NC 274200000

FOREIGN FILINGS

NAME:

MOBILE MEDICAL INDUSTRIES,

L.L.C.

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janine Lazzarini

FILED

99 DEC 10 AM 9:
SECRETARY OF STAT
ALLAHASSEE, FLORE

4nta



FLORIDA DEPARTMENT OF STATE

Katherine Harris Secretary of State

December 10, 1999

CSC

ATTN: JANINE LAZZARINI

SUBJECT: MOBILE MEDICAL INDUSTRIES, L.L.C.

Ref. Number: W99000028257

STATE SUBMICE OF GIVE OF GIVE

We have received your document for MOBILE MEDICAL INDUSTRIES, L.L.C. and the authorization to debit your account in the amount of \$70.00. However, the document has not been filed and is being returned for the following:

The fee to file an LLC is \$125.00; please submit a cover sheet authorizing this amount.

Please return your document, along with a copy of this letter, within 60 days or just your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please eall (850) 487-6958.

Lee Rivers Document Specialist

Letter Number: 999A00058277

99 DEC 10 PH 4: 43

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PAGE 03

FAX NO.

P. 05

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

Delaware (Jurisdiction under the law of which foreign tempony is organized)	(Name of foreign limited liability company) 3. applied for (FEI number, if applicable)
_ 1000 **	,
December 7, 1999 (Date of Organization)	5. perpetual (Duration: Year limited liability company will cease to exist or "perpetual")
(Date first transacted bus	mence operations in February 2000) incess in Florida. (See sections 608.501, 608.502, and 817.155, F.S.)
777 Yamato Road, Suit	te 330
Boca Raton, Florida	
Paul S. Galant; Donalds:	the managing members or managers are as follows:
Brian Lechner, 770 Yama	to Road, Suite 330, Boca Raton, FL 33431
Kim Myrick, 770 Yamato	Road, Suite 330, Boca Raton, FL 33431
Roger Brown, 770 Yamato	Road, Suite 330, Boca Raton, FL 33431
10. Attached is an original certificate of existing the jurisdiction under the law of which it is to translation of the certificate under eath of the	stence, no more than 90 days old, duly anthenticated by the official having custody of records in organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a parasiator must be submitted.)
11. Nature of business or purpose	s to be conducted or promoted in Florida: any business permitted
to be conducted by a li	mited liability company in Florida, including but not crims and medical care and related diagnostic services

Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjuty that the facts stated herein are true.)

Typed or printed name of signee

Kim M. Myrick

DEC-06-1999 MON 02:59 PM

FAX NO.

PAGE 05

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

FURSUANT TO THE PROVISIONS OF SECTION 608.415 of 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:			
Mobile Medical Industries, L.L.C. 2. The name and the Florida street address of the registered agent and office are:	SECRE	99 DEC 10 AM	
Kim Myrick (Name)	TARY OF S IASSEE, FL		-ILED
770 Yamato Road, Suite 330 Florida street address (P.O. Box NOT ACCEPTABLE)	TATE ORIDA	9: 12	
Boca Raton		-	

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 as provided for in Chapter 608, F.S.

n. Myrull
(Signalujo)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

State of Delaware

Office of the Secretary of State

PAGE :

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MOBILE MEDICAL INDUSTRIES, L.L.C."

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 NINTH DAY OF DECEMBER, A.D. 1999.





Edward J. Freel, Secretary of State

AUTHENTICATION:

3137495 8300

DATE:

0129318

991527988