Filing Fee: \$150.00 ID Number: _____



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State Corporations Division 148 W. River Street Providence, Rhode Island 02904-2615

LIMITED LIABILITY COMPANY

APPLICATION FOR REGISTRATION

Pursuant to the provisions of Section 7-16-49 of the General Laws of Rhode Island, I956, as amended, the undersigned

	reign limited liability company hereby applies for a Certific and, and for that purpose submits the following statement		ransact busines:	s in the state of Rhode	
1.	The name of the limited liability company is: National Wound Care LLC				
2.	The name, if different, under which it proposes to register and transact business in Rhode Island is:				
3.	The limited liability company is organized under the laws of Illinois				
4.	The date of its organization is August 23, 2000				
5.	The period of duration of the limited liability company is (if perpetual, so state) 12/31/2050				
6.	The address of the limited liability company's resident agent in Rhode Island is:				
	222 Jefferson Boulevard Suite 200	Warwick	, RI	02888	
	(Street Address, <u>not</u> P.O. Box)	(City/Town)	(Zip Code)	
	and the name of the resident agent at such address is	Corporation Service Company (Name of Agent)			
7.	The secretary of state is appointed the agent of the follower time there is no resident agent or if the resident agent of diligence.				
8.	The address of any office required to be maintained limited liability company is organized is: 2906 W. Clark Rd (Namayan, FL 61822-2		risdiction under	the laws of which the	
9.	The mailing address for the limited liability company is: 2906 W, Clark Rd	FIL	.ED ~		
	Champaign, IL 61822-2	811 FEB 1	4 2011		
	17'	By 137.	207 11:	34	

10.		Management of the Limited Liability Co	ompany:			
	Α.	The limited liability company is to be m no. 11.)	anaged by its members. (If you have checked this box, go to item			
		<u>or</u>				
	B.		e managed v by one (1) or more managers. (If the limited liability e of the filing of these Articles of Organization, state the name and			
	<u>Manager</u> John L. Prince		<u>Address</u>			
			2906 W. Clark Rd. Ste. A Champaign, IL 61822-2811			
			A de 1881 - 178 - 1			
11.			ficate of good standing duly authenticated by the secretary of state or other which the foreign limited liability company was organized.			
			Under penalty of perjury, I declare and affirm that I have examined this Application for Registration, including any accompanying attachments and that all statements contained herein are true and correct.			
Da	ate:	12/2/10	National Wound Care LLC			
	_	1 1 1 0 -	Print Exact Name of Limited Liability Company Making Application			

Signature of authorized person

File Number

0045036-7



To all to whom these Presents Shall Come, Greeting:

1, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

NATIONAL WOUND CARE, L.L.C., HAVING ORGANIZED IN THE STATE OF ILLINOIS ON AUGUST 23, 2000, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



Authentication #: 1033502784

Authenticate at: http://www.cyberdriveillinois.com

In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this

day of DECEMBER

A.D.

2010

SECRETARY OF STATE



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island and Providence Plantations, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

A. RALPH MOLLIS

A. Japa 1. eeio

Secretary of State

