

# MB000005012

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(Requestor's Name)

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(Address)

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(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

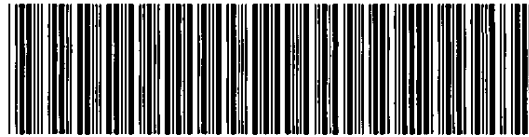
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(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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RECEIVED  
13 AUG 12 AM 9:42  
DIVISION OF CORPORATION

FILED  
2013 AUG 12 AM 9:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Cuffman AUG 12 2013

GRAY | ROBINSON  
ATTORNEYS AT LAW

SUITE 2700  
401 E. JACKSON STREET (33602)  
P.O. BOX 3324  
TAMPA, FLORIDA 33601-3324  
TEL 813-273-5000  
FAX 813-273-5145

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ORLANDO  
TALLAHASSEE  
TAMPA

August 9, 2013

**VIA HAND DELIVERY**

Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Re: Avalon Health Services, LLC  
Foreign Limited Liability Application

Dear Sir or Madam:

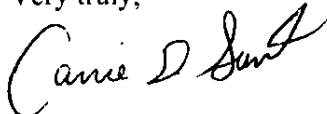
Please be advised that this firm represents Avalon Health Services, LLC, a Delaware limited liability company (the "Company"). Enclosed please find the documents listed below.

1. Application by Foreign Limited Liability Company For Authorization To Transact Business In Florida (the "Application");
2. Certificate of Designation of Registered Agent; and
3. The Company's Certificate of Good Standing with the Delaware Secretary of State.

In addition, enclosed please find a check in the amount of ONE HUNDRED THIRTY (\$130.00) DOLLARS which represents the amount of the filing fee to process the Application, the Certificate of Designation of Registered Agent and the Certificate of Status.

Please do not hesitate to contact me at 813-273-5196 or Tina Dunsford at 813-273-0545 if you should have any questions. Thank you for your attention to this matter.

Very truly,



Carrie D. Gant  
Paralegal to Tina E. Dunsford, Esq.  
and Scott Lilly, Esq.  
GrayRobinson, P.A.

Enclosures

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Avalon Health Services, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Tina E. Dunsford

Name of Person

GrayRobinson, PA

Firm/Company

401 E. Jackson Street, Suite 2700

Address

Tampa, Florida 33602

City/State and Zip Code

tina.dunsford@gray-robinson.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tina Dunsford at ( 813 ) 273-5045

Name of Person

Area Code & Daytime Telephone Number

**MAILING ADDRESS:**

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee    ☒ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

**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. **Avalon Health Services, LLC**

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")

2. **Delaware**

(Jurisdiction under the law of which foreign limited liability company is organized)

3. **46-3019902**

(FEI number, if applicable)

4. **6/20/2013**

(Date of Organization)

5. **Perpetual**

(Duration: Year limited liability company will cease to exist or "perpetual")

6. **Not Applicable**

(Date first transacted business in Florida, if prior to registration.)  
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. **2711 Centerville Road, Suite 400**

**Wilmington, DE 19808**

(Street Address of Principal Office)

8. If limited liability company is a manager-managed company, check here ☒

9. The name and usual business addresses of the managing members or managers are as follows:

**William Kerr**

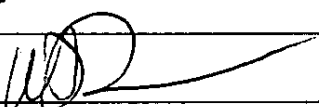
**401 E. Jackson Street, Suite 2700**

**Tampa, Florida 33602**

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction 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.)

11. Nature of business or purposes to be conducted or promoted in Florida:

**Lab Benefits Manager**

  
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 perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

**William Kerr**

Typed or printed name of signee

FILED  
2013 AUG 12 AM 9:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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:

**Avalon Health Services, LLC**

If unavailable, the alternate to be used in the state of Florida is:

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

**GrayRobinson, PA**

(Name)

**401 E. Jackson Street, Suite 2700**

Florida Street Address (P.O. Box NOT ACCEPTABLE)


**Tampa, Florida 33602**

FL

City/State/Zip

**FILED**  
**2013 AUG 12 AM 9:47**  
**SECRETARY OF STATE**  
**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 as provided for in Chapter 608, Florida Statutes.*

 **SHAREHOLDER**  
(Signature)

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

# Delaware

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*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AVALON HEALTH SERVICES, 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 SIXTH DAY OF AUGUST, A.D. 2013.



5354314 8300

130952736

You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 0644352

DATE: 08-06-13