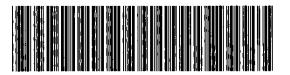
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#### **COVER LETTER**

то:	Registration Section Division of Corporations							
SUBJE	<sub>ст:</sub> Sullivan Healthc	are C	onsulting,	LLC	· · · · · · · · · · · · · · · · · · ·			
	Na	me of Limite	d Liability Company					
	losed "Application by Foreign Limited Liace, and check are submitted to register the							
Please re	eturn all correspondence concerning this n	natter to the	following:					
	Tiphanie McAf	ee						
		N	ame of Person					
Sullivan Healthcare Consulting, LLC								
	, , , , , , , , , , , , , , , , , , , ,	F	rm/Company					
	2655 Northwinds Parkway							
			Address					
Alpharetta, GA 30009								
		•	tate and Zip Code					
	tmcafee@jacks	sonhe	ealthcare.c	com				
	E-mail addres	ss: (to be use	d for future annual repo	rt notificat	ion)			
For furt	her information concerning this matter, ple	ease call:						
	Tiphanie McAfee		_at (678)	992	-1269			
	Name of Contact Person		Area Code	Dayt	ime Telephone Number			
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	Division Registr Clifton 2661 E	er Address: on of Corporations ation Section Building xecutive Center Circlessee, FL 32301	le				
Enclos	sed is a check for the following amoust \$125.00 Filing Fee \$130.00 Filing Fee Certificate	ing Fee &	□ \$155.00 Filing Certified Copy		☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy			

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Sullivan Healthcare Consulting, 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. The alternate name must include Liability Company," "L.L.C," or "LLC.")	lude "Limited
<sub>2.</sub> Georgia <sub>3.</sub> 37-1757894	
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	
4(Date first transacted business in Florida, if prior to registration.)	
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)  5. 2655 Northwinds Parkway	
Alpharetta, GA 30009	
(Street Address of Principal Office)	<del></del>
<sub>6.</sub> 2655 Northwinds Parkway	
Alpharetta, GA 30009	
(Mailing Address)	<del></del>
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/a	ire:
Richard L. Jackson, Manager of Sullivan Healthcare Consulting Holdings, LLC (Member), 2655 Northwinds Parkway, Alpharetta, G	A 30009
	<del>(==</del> .
	10
	**,,,,
8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by having custody of records in the jurisdiction under the law of which it is organized. (A photocopy acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the must be submitted)	is not
Donglas B Xline	
Signature of an authorized person  (In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts 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.	stated herein are true
Douglas B. Kline, CFO	
Typed or printed name of signee	

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

Sullivan Healthcare Consulting, LLC							
If unavailable, the	alternate to be used in	n the state of Florida is:					
		ess of the registered agent and office are:					
<u>'</u>	Sorporation 3	Service Company (Name)	<del></del>				
	1201 Hays Street		200 200 500 500 500 500 500 500 500 500				
_	Florida Street Address (P.O. Box NOT ACCEPTABLE)		#1 1257	교 2			
-	Fallahassee	FL 32301	225 				
_		City/State/Zip		20 20			

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 605, Florida Statutes.

Assistant VP

Linda Snook

\$ 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 GEORGIA

Secretary of State Corporations Division 313 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530 CONTROL NUMBER : 14053068
DATE INC/AUTH/FILED : May 28, 2014
JURISDICTION : Georgia
PRINT DATE : July 23, 2014

#### CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

Sullivan Healthcare Consulting, LLC A Domestic Limited Liability Company

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

O.E. G. H. O. A. G. C. A. G. G. C. A. G

Brian P. Kemp Secretary of State

Tracking #: 6QnwDSuu