

B12000000188

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  .WAIT  MAIL

(Business Entity Name)

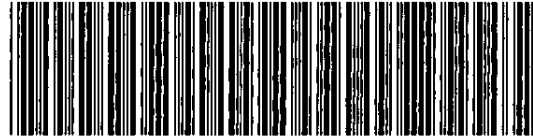
(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only

2565-707  
612000031024



900235683159

07/30/12--01020--019 \*\*983.00

06/05/12--01011--020 \*\*78.75

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 AUG 21 PM 3:30

AUG 22 2012

T. HAMPTON

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Specialty Therapeutic Care, LP

Name of Foreign Limited Partnership or Limited Liability Limited Partnership

The enclosed application, certificate of status and fees are submitted to register a foreign limited partnership or limited liability limited partnership to transact business in Florida.

Please return all correspondence concerning this matter to:

**Renee Crain**

Contact Person

**Specialty Therapeutic Care, LP**

Firm/Company

**6923 Lee Vista Blvd., Suite 300**

Address

**Orlando, FL. 32822**

City, State and Zip Code

**licensing@acariahealth.com**

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

For further information concerning this matter, please call:

**Renee Crain**

at ( **407** ) **903-1308 ext 1034**

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

\$1,000.00 Filing Fees  
(\$965 Filing Fee and  
\$35 Registered Agent  
Fee)

\$1,008.75 Filing Fees  
and Certificate of  
Status

\$1,052.50 Filing Fees  
and Certified Copy

\$1,061.25 Filing Fee,  
Certified Copy, and  
Certificate of Status

**STREET ADDRESS:**

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

**MAILING ADDRESS:**

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

**Specialty  
Therapeutic Care**



**Prosperity  
Specialty Pharmacy**

June 1, 2012

Florida Secretary of State  
New Filing Section  
Division of Corporations  
PO Box 6327  
Tallahassee, FL. 32314

Re: Specialty Therapeutic, LP.

Attached please find the application to file Specialty Therapeutic Care, LP with Florida Secretary of State.  
Please contact with any questions or concerns at 407-903-1308 ext. 1034 or [renee.crain@acariahealth.com](mailto:renee.crain@acariahealth.com).

Sincerely,

A handwritten signature in cursive script that reads "Renee Crain".

Renee Crain  
Contract Administrator

**Specialty  
Therapeutic Care**



**Prosperity  
Specialty Pharmacy**

July 17, 2012

Florida Department of State  
Corporations Division  
PO Box 6327  
Tallahassee, FL. 32317

Re: Ref. Number W12000031024

Attached please find the Application to Foreign Limited Partnership Transact Business in Florida and check # 019751 in the amount of \$983.00 for the filing fees.

Please contact me at 407-903-1308 ext. 1034 or [licensing@acariahealth.com](mailto:licensing@acariahealth.com) with any questions or concerns.

Sincerely,

A handwritten signature in cursive script that reads "Renee Crain".

Renee Crain  
Contract Administrator

**Specialty  
Therapeutic Care**

 **AcariaHealth**  
The Heart and Science of Specialty Pharmacy

**Prosperity  
Specialty Pharmacy**

August 20, 2012

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Re: W12000031024

Attached please find the Certificate of Fact for Specialty Therapeutic Care, LP. as requested. Please contact me at 407-903-1308 ext 1034 or [licensing@acariahealth.com](mailto:licensing@acariahealth.com) with any questions or concerns.

Sincerely,



Renee Crain  
Contract Administrator



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 6, 2012

RENEE CRAIN  
6923 LEE VISTA BLVD.  
SUITE 300  
ORLANDO, FL 32822

Rec 7/23/12  
OOS

SUBJECT: SPECIALTY THERAPEUTIC CARE, LP  
Ref. Number: W12000031024

We have received your document for SPECIALTY THERAPEUTIC CARE, LP and check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$921.25.

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Claretha Golden  
Regulatory Specialist II  
New Filing Section

Letter Number: 812A00016070



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

12 AUG 13 PM 4:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

July 31, 2012

RENEE CRAIN  
6923 LEE VISTA BLVD  
STE 300  
ORLANDO, FL 32822

SUBJECT: SPECIALTY THERAPEUTIC CARE, LP  
Ref. Number: W12000031024

We have received your document for SPECIALTY THERAPEUTIC CARE, LP and your check(s) totaling \$1061.75. However, the document has not been filed and is being retained in this office for the following:

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

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

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton  
Regulatory Specialist II

Letter Number: 012A00020007



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

12 AUG 21 PM 4:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

August 14, 2012

RENEE CRAIN  
6923 LEE VISTA BLVD  
STE 300  
ORLANDO, FL 32822

SUBJECT: SPECIALTY THERAPEUTIC CARE, LP  
Ref. Number: W12000031024

We have received your document for SPECIALTY THERAPEUTIC CARE, LP and your check(s) totaling \$1061.75. However, the document has not been filed and is being retained in this office for the following:

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

The certificate in Texas is called "CERTIFICATE OF FACT".

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 012A00020881



APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR  
LIMITED LIABILITY LIMITED PARTNERSHIP  
TO TRANSACT BUSINESS IN FLORIDA

1. Specialty Therapeutic Care, LP

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)

Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.

Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

If name unavailable, name under which the limited partnership or limited liability limited partnership proposes to register to transact business in Florida; must contain acceptable suffix.

2. Texas

State or Country of Formation

3. 10-05-2010

Date of Formation

4. Federal Employer Identification Number: 73-1698808

5. Name of Registered Agent for Service of Process and Florida Street Address:

Stephen Jensen

6923 Lee Vista Blvd. Suite 300

Orlando, FL. 32822

6. 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

  
Signature of Registered Agent

7. Principal Office:

6610 W. Sam Houston Pkwy

Suite 300

Houston, TX 77041

8. Mailing Address:

6923 Lee Vista Blvd.

Suite 300

Orlando, FL. 32822

9. If limited partnership is a limited liability limited partnership, check box .

10. Name, principal office address, and mailing address of each general partner:

Name of General Partner: Christopher Garcia

Street Address: 601 Lexington Ave. 55th Floor

New York, NY 10022

Mailing Address: 601 Lexington Ave. 55th Floor

New York, NY 10022

Name of General Partner: Samarth Chandra

Street Address: 601 Lexington Ave. 55th Floor

New York, NY 10022

Mailing Address: 601 Lexington Ave. 55th Floor

New York, NY 10022

Name of General Partner: Kenton Rosenberry

Street Address: 601 Lexington Ave. 55th Floor

New York, NY 10022

Mailing Address: 601 Lexington Ave. 55th Floor

New York, NY 10022

Name of General Partner: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 AUG 21 PM 3:30

Name of General Partner: \_\_\_\_\_ Name of General Partner: \_\_\_\_\_

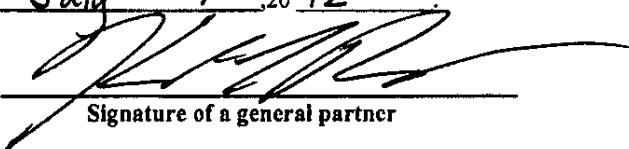
Street Address: \_\_\_\_\_ Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

11. Effective date, if other than the date of filing: \_\_\_\_\_  
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the Florida Department of State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under the law of which it is organized.

Signed this 17 day of July, 2012



Signature of a general partner

The individual signing this document affirm that the facts stated herein are true and the individual is aware that 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.

<b>Filing Fees:</b>	<b>\$1,000.00</b> (\$965 Filing Fee and \$35 Registered Agent Fee)
<b>Certified Copy (optional):</b>	<b>\$52.50</b>
<b>Certificate of Status (optional):</b>	<b>\$8.75</b>

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 AUG 21 PM 3:30

Corporations Section  
P.O.Box 13697  
Austin, Texas 78711-3697



Hope Andrade  
Secretary of State

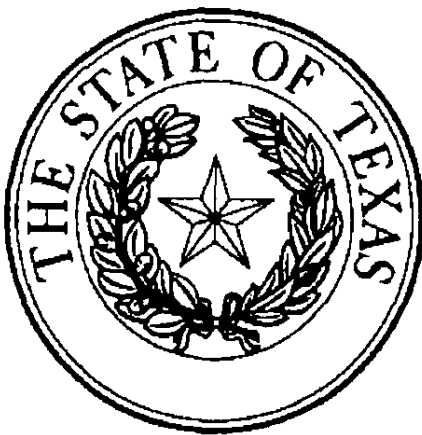
## Office of the Secretary of State

### Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Limited Partnership for Specialty Therapeutic Care, LP (file number 800321746), a Domestic Limited Partnership (LP), was filed in this office on March 25, 2004.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on August 20, 2012.



A handwritten signature in black ink, appearing to read "Hope Andrade".

Hope Andrade  
Secretary of State