

B12000000035

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



PICK-UP



WAIT



MAIL

(Business Entity Name)

(Document Number)

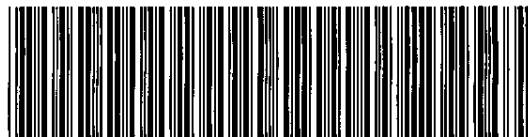
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

A. LUNT
FEB 16 2011
EXAMINER

Office Use Only



200221954552

02/15/12--01010--004 **1000.00

RECEIVED

12 FEB 15 AM 10:45

OFFICE OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

2012 FEB 15 AM 9:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA FILING & SEARCH SERVICES, INC.

**P.O. BOX 10662 TALLAHASSEE, FL 32302
155 Office Plaza Dr Ste A Tallahassee FL 32301
PHONE: (800) 435-9371; FAX: (866) 860-8395**

DATE: 02-15-2012

NAME: ADVANCED HEALTHCARE PARTNERS, L.P.

TYPE OF FILING: APPLICATION BY FOREIGN LP TO TRANSACT
BUSINESS IN FLORIDA

COST: CK FOR \$1000 ATTACHED

RETURN: PLAIN COPY

2012 FEB 15 AM 9:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE PAUL HODGE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Advanced Healthcare Partners, L.P.
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:

Capitol Services Corporate Filings Team

Contact Person

Capitol Services, Inc.

Firm/Company

800 Brazos, Suite 400

Address

Austin, TX 78701

City, State and Zip Code

jstlouis@advancedhealthcarepartners.com

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

For further information concerning this matter, please call:

Gayle Windle

Name of Contact Person

at (800) 345-4647

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

| | | | |
|--|---|---|---|
| <input checked="" type="checkbox"/> \$1,000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee) | <input type="checkbox"/> \$1,008.75 Filing Fees and Certificate of Status | <input type="checkbox"/> \$1,052.50 Filing Fees and Certified Copy | <input type="checkbox"/> \$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

FILED
2012 FEB 15 AM 9:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1. Advanced Healthcare Partners, L.P.
(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. Delaware 3. October 3, 2011
State or Country of Formation Date of Formation

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

Jimmy St. Louis
201 E. Kennedy Blvd., Suite 325
Tampa, Florida 33602

5. 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. Principle Office: (Florida Street Address)

201 E. Kennedy Blvd.
Suite 325
Tampa, Florida 33602

8. Mailing Address:

201 E. Kennedy Blvd.
Suite 325
Tampa, Florida 33602

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: AHP GenPar, LLC Name of General Partner: _____

Street Address: 201 E. Kennedy Blvd., Ste 325 Street Address: _____

Tampa, Florida 33602

Mailing Address: 201 E. Kennedy Blvd., Ste 325 Mailing Address: _____

Tampa, Florida 33602

Name of General Partner: _____ Name of General Partner: _____

Street Address: _____ Street Address: _____

Mailing Address: _____ Mailing Address: _____

FILED
2012 FEB 15 AM 9:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 30 day of January, 20 12


Jimmy St. Louis, the Managing Member of AHP GenPar, LLC

The individual signing this document affirms 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.

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 FEB 15 AM 9:46

FILED

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ADVANCED HEALTHCARE PARTNERS, L.P." 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 FOURTEENTH DAY OF FEBRUARY, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ADVANCED HEALTHCARE PARTNERS, L.P." WAS FORMED ON THE THIRD DAY OF OCTOBER, A.D. 2011.

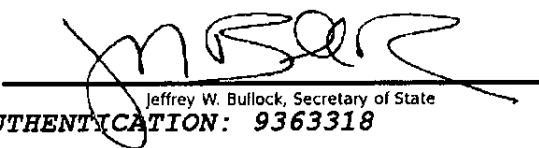
AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

5046422 8300

120165757

You may verify this certificate online
at corp.delaware.gov/authver.shtml




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 9363318

DATE: 02-14-12