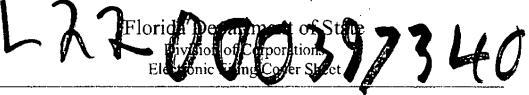
9/13/22, 2:26 PM

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H220003168953)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146 Phone : (305)444-4994

Fax Number : (305)328-4774

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:			

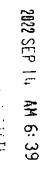
FLORIDA LIMITED LIABILITY CO. PATIENT CONNECT LLC

Certificate of Status	0
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September 14, 2022

FLORIDA DEPARTMENT OF STATE Division of Corporations

NELSON & ASSOCIATES CPA 1985 NW 88TH COURT STE 202 DORAL, FL 33172

SUBJECT: PATIENT CONNECT LLC

REF: W22000116499

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

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

ARCEDRA JOHNSON
Regulatory Specialist II
New Filing Section

FAX Aud. #: H22000316895 Letter Number: 722A00020437

ARTICI	LE I	- Na	me:
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To:

The name of the Limited Liability Company is:

PATIENT CONNECT LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
306 BTH AVE SW	C/O NELSON & ASSOCIATES CPA
LARGO, FL 33770	1985 NW 88TH COURT STE 202
	DORAL, FL 33172

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

NELSON & ASSOC	CIATES CPA PA	
	Name	
1985 NW 88TH CO	OURT STE 202	
Florida street addres	ss (P.O. Box <u>NOT</u> ac	cceptable)
DORAL	FL	33172
City	State	Zip

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, F.S.

(CONTINUED)

Registered Agent's Signature (REQUIRED)

To:

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
AMBR	PAUL, W. WILLIAMS 306 8TH AVE SW LARGO, FL 33770	
AMBR	NAVI S. MURADALI 22 ALBERT AVENUE SAN FERNANDO, TRINIDAD	
(Use attachment if necessary)		
(If an effective date is listed, the date must the date of filing.)	e date of filing: (OPTIONAL) be specific and cannot be more than five business days prior to or 90 da not meet the applicable statutory filing requirements, this date will not be ment of State's records.	-
ARTICLE VI: Other provisions, if any.		
REQUIRED SIGNATURE		
This document is e	1, 2022 10:23 EDT) The member of an authorized representative of a member. Executed in accordance with section 605.0203 (1) (b), Florida Statutes. The false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.	
PAUL W. V	WILLIAMS Typed or printed name of signee	2022

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