

Document Number Only

1000000000 3/2

C T CORPORATION SYSTEM

Requestor's Name

660 East Jefferson Street

Address

Tallahassee, FL 32301 (850)222-1092

City

State

Zip

Phone

300003135803--6

-02/15/00--01054--028

\*\*\*\*125.00 \*\*\*\*125.00

CORPORATION(S) NAME

Accelerated Health Systems, LLC

- ☐ Profit  
☐ NonProfit  
☒ Limited Liability Company  
☒ Foreign
- ☐ Amendment  
☐ Dissolution/Withdrawal
- ☐ Merger  
☐ Mark
- ☐ Limited Partnership  
☐ Reinstatement  
☐ Limited Liability Partnership  
☐ Certified Copy
- ☐ Annual Report  
☐ Reservation  
☐ Photo Copies
- ☐ Other  
☐ Change of R.A.  
☐ Fictitious Name  
☐ CUS
- ☐ Call When Ready  
☐ Walk In  
☐ Mail Out
- ☐ Call if Problem  
☐ Will Wait
- ☐ After 4:30  
☐ Pick Up

Name Availability
Document Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

PLEASE RETURN EXTRA COPY(S)  
FILE STAMPED  
THANKS  
LAURA EARNEST

RECEIVED  
00 FEB 15 PM 12:01  
2/15/00

CR2E031 (1-89)



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

February 15, 2000

CT CORPORATION SYSTEM  
ATTN: LAURA EARNEST

SUBJECT: ACCELERATED HEALTH SYSTEMS, LLC  
Ref. Number: W00000004091

We have received your document for ACCELERATED HEALTH SYSTEMS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office collects a civil penalty of \$1000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report/uniform business report fees due this office.)

Please return 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) 487-6025.

Trevor Brumbley  
Document Specialist

Letter Number: 600A00007890

APPROVED  
AND  
FILED  
00 FEB 15 AM 8:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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. Accelerated Health Systems, LLC  
(Name of foreign limited liability company)

2. Illinois 3. 36-4280414  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. February 24, 1999 5. February 5, 2050  
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. upon qualification  
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))

7. 205 West Wacker Drive, Suite 1950  
Chicago, IL 60606  
(Street address of principal office)

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

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

Brian Savage 205 West Wacker Drive, Suite 1950, Chicago, IL 60606

Randolph P. Frieser 205 West Wacker Drive, Suite 1950, Chicago, IL 60606

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: Health care administrative services

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.)

Typed or printed name of signee

**Randolph P. Frieser, Manager**

APPROVED  
AND  
FILED  
00 FEB 15 AM 8:40  
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:

Accelerated Health Systems, LLC

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

C T Corporation System

(Name)

c/o C T Corporation System, 1200 South Pine Island Road

Florida street address (P.O. Box NOT ACCEPTABLE)

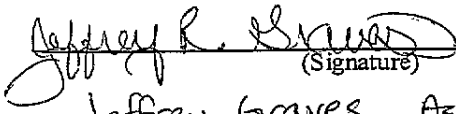
Plantation

FL 33324

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 608, F.S..*

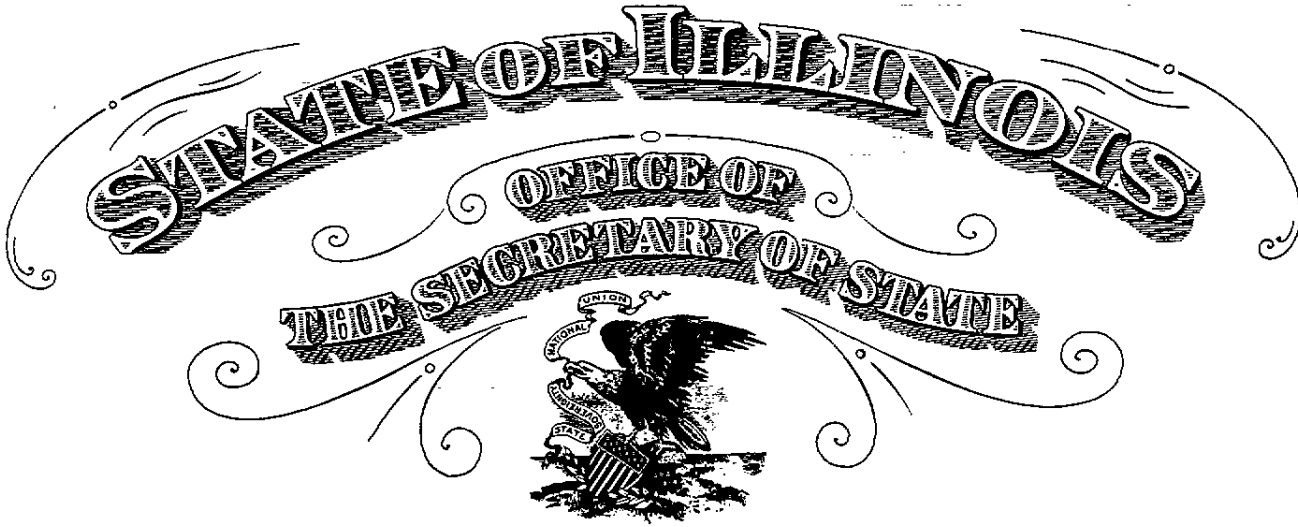
C T Corporation System

  
(Signature)  
Jeffrey Graves Asst. Secy.

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

APPROVED  
AND  
FILED  
00 FEB 15 AM 8:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

File Number 0026245-5



*To all to whom these Presents Shall Come, Greeting:*

*I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that*

ACCELERATED HEALTH SYSTEMS, LLC,  
HAVING ORGANIZED IN THE STATE OF ILLINOIS ON FEBRUARY 24, 1999,  
APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED  
LIABILITY COMPANY ACT OF THIS STATE RELATING TO THE FILING  
OF THE ARTICLES AND PAYMENT, AND IS ORGANIZED TO TRANSACT  
BUSINESS IN THE STATE OF ILLINOIS.

APPROVED  
AND  
FILED

00 FEB 15 AM 8:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*In Testimony Whereof, I, hereto set*

*my hand and cause to be affixed the Great Seal of*  
*the State of Illinois, this* 14TH  
*day of* FEBRUARY A.D. 2000



*Jesse White*

SECRETARY OF STATE