

17000000000886

Integrated Healthcare Solutions, LLC  
Requester's Name

695 Town Center Drive, #1000  
Address

Costa Mesa, Ca 92626  
City/State/Zip Phone #

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #) 000003107210--1  
-01/24/00--01005--005  
\*\*\*\*130.00 \*\*\*\*130.00
2. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
3. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
4. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)

- ☐ Walk in ☐ Pick up time ☐ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

**NEW FILINGS**

- ☐ Profit  
☐ Not for Profit  
☐ Limited Liability  
☐ Domestication  
☐ Other LLC

**OTHER FILINGS**

- ☐ Annual Report  
☐ Fictitious Name

Acknowledgement DCC

W. P. Verifier DCC

**AMENDMENTS**

- ☐ Amendment  
☐ Resignation of R.A., Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger

**REGISTRATION/QUALIFICATION**

- ☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

00 MAY -8 PM 1:48

FILED

17000000000886  
Examiner's Initials



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

January 26, 2000

INTEGRATED HEALTHCARE SOLUTIONS, LLC  
695 TOWN CENTER DRIVE, #600  
COSTA MESA, CA 92626

SUBJECT: INTEGRATED HEALTHCARE SOLUTIONS, LLC  
Ref. Number: W00000002237

We have received your document for INTEGRATED HEALTHCARE SOLUTIONS, LLC and your check(s) totaling \$130.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 487-6913.

Diane Cushing  
Corporate Specialist

Letter Number: 900A00003711



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

April 11, 2000

INTEGRATED HEALTHCARE SOLUTIONS, LLC  
695 TOWN CENTER DRIVE, #600  
COSTA MESA, CA 92626

SUBJECT: INTEGRATED HEALTHCARE SOLUTIONS, LLC  
Ref. Number: W00000002237

We have received your document for INTEGRATED HEALTHCARE SOLUTIONS, LLC and your check(s) totaling \$130.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

All you have sent is a photo copy of the certificate and that is not acceptable.

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) 487-6913.

Diane Cushing  
Corporate Specialist

Letter Number: 500A00019857

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. INTEGRATED HEALTHCARE SOLUTIONS, LLC  
(Name of foreign limited liability company)

2. NEVADA 3. 33-0880076  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 1/1/2000 5. 33-0880076  
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. 1/1/2000  
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))

7. 695 TOWN CENTER DRIVE STE #600  
COSTA MESA, CA 92626  
(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:

695 TOWN CENTER DRIVE STE #600  
COSTA MESA CA 92626

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: COST REDUCTION  
SERVICES TO HEALTHCARE INSURERS

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.)

Suzanne E Temple, Controller  
Typed or printed name of signee

FILED  
DO MAY - 8 PM 1:48  
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:

INTEGRATED HEALTHCARE SOLUTIONS, LLC

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

Richard S. Bergholtz, P.A.  
(Name)

4111 North Donnelly St. Ste. 207  
Florida street address (P.O. Box **NOT** ACCEPTABLE)

Mount Dora, FL 32756-1789  
City/State/Zip

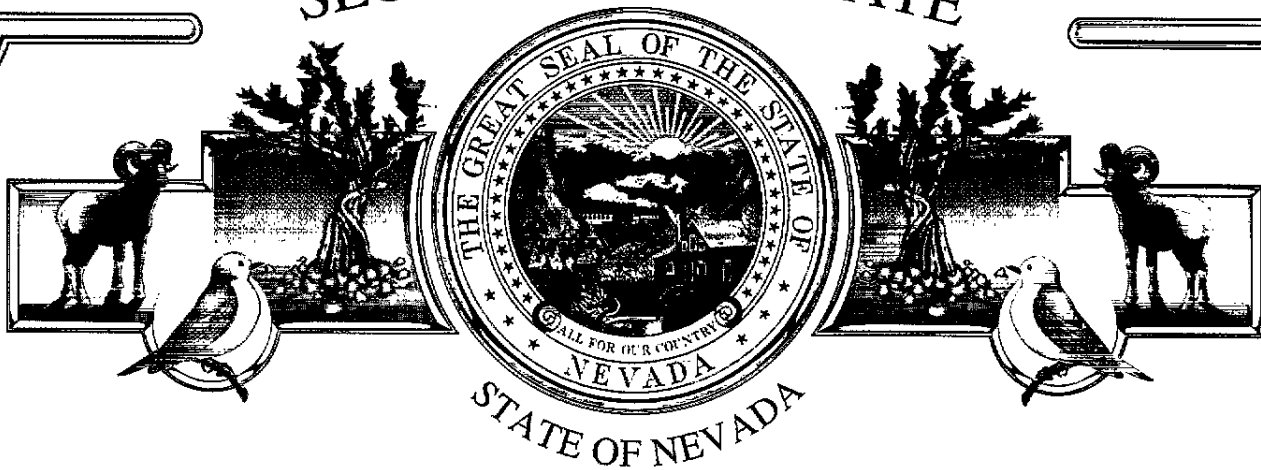
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00 MAY -8 PM 1:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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..*

Richard S. Bergholtz, P.A.  
(Signature)

<input checked="" type="checkbox"/> \$ 100.00	Filing Fee for Application
<input checked="" type="checkbox"/> \$ 25.00	Designation of Registered Agent
<input type="checkbox"/> \$ 30.00	Certified Copy (optional)
<input checked="" type="checkbox"/> \$ 5.00	Certificate of Status (optional)

# SECRETARY OF STATE

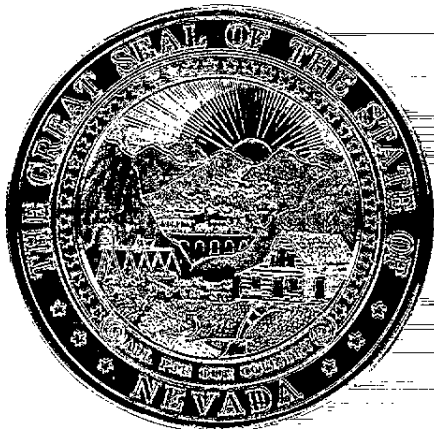


## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing at a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **INTEGRATED HEALTHCARE SOLUTIONS, LLC**, as a limited-liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since November 19, 1999, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office, in Carson City, Nevada, on April 25, 2000.



*Dean Heller*

Secretary of State

By

*W. E. Smith*

Certification Clerk

FILED

00 MAY - 8 PM 1:48

SECRETARY OF STATE  
TAMARA JOHNSON