

M00000001412

Sender's Name DOCTOR'S HEALTH SYSTEM Phone 401 275-5656

Company

Address 11K RESERVOIR AVE Dept./Floor/Suite/Room

City PRINCETON State RI ZIP 02920

400003319584--9
-07/11/00--01051--001
****125.00 ****125.00

Office Use Only

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

1. DHS SERVICES, LLC A-1412
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- | | | |
|------------------------------------|---|--|
| <input type="checkbox"/> Walk in | <input type="checkbox"/> Pick up time _____ | <input type="checkbox"/> Certified Copy |
| <input type="checkbox"/> Mail out | <input type="checkbox"/> Will wait | <input type="checkbox"/> Certificate of Status |
| <input type="checkbox"/> Photocopy | | |

NEW FILINGS

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

AMENDMENTS

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

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

REGISTRATION/QUALIFICATION

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

FILED
00 JUL 11 AM 10:39
SECRETARY OF STATE
HALL CHASSEE FLORENCE

W 7/18

Examiner's Initials

**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 TRANSACTIONS BUSINESS IN THE STATE OF FLORIDA:

1. DHS SERVICES, LLC
(Name of foreign limited liability company)
2. RI 3. 05-0498671
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. MARCH 2, 1998 5. PERPETUAL
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6. 7/10/00
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. 12670 WORLD PLAZA LANE BLDG 62 Suite 2
FORT MYERS FLORIDA 33907
(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:

DOCTORS HEALTH SYSTEM
1140 RESERVOIR AVE
CRASTON, RE 02920

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: Medical

PRACTICE MANAGEMENT
FLORIDA

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.)

LEONARD F. HUBBARD, MD
Typed or printed name of signer

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JUL 11 AM 10:39
CLERK OF STATE
TREASURY
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:

DNS SERVICES, LLC


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

LEONARD P. HUBBARD, III
(Name)

12670 WOOD PLAZA LANE BLDG 62 SUITE 2
Florida street address (P.O. Box **NOT** ACCEPTABLE)

Fort Myers FL 33907
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..


(Signature)

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

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SECRETARY OF STATE
TALLAHASSEE FLORIDA



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of State

The Office of the Secretary of the State of Rhode Island and Providence Plantations, HEREBY CERTIFIES, that

DHS Services, LLC

a Rhode Island Limited Liability Company, filed original articles of organization in this office on the second day of March A.D., 1998; and

IT IS FURTHER CERTIFIED that said company is now of record and has a legal existence in this office.

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

***SIGNED AND SEALED this sixth day
of July A.D., 2000.***

James R Langevin

Secretary of State

BY *Yamuen Ewing*

