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March 27, 2001

VIA FEDERAL EXPRESS

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-04/03/01--01071--004
***155.00 ***155.00

Florida Department of State
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

RE: VANGUARD HEALTH OF PENSACOLA, LLC - FOREIGN LLC APPLICATION

Dear Sir or Madam:

M01-759

Enclosed please find (i) one (1) original copy and one (1) duplicate copy of the Foreign Limited Liability Company Application to Transact Business in Florida, a limited liability company organized under the laws of Georgia, (ii) an original Certificate of Designation of Registered Agent / Registered Office, and (iii) a \$155.00 check payable to the Florida Department of State. The \$155.00 check covers the \$100.00 application filing fee, the \$25.00 designation of registered agent fee and the \$30.00 certified copy fee.

Please return a confirmation of foreign limited liability company registration and a certified copy to my attention at the above address. Thank you in advance for your assistance and please contact me should you require additional information or have a question about this application.

Sincerely yours,


Wendi Johnson

WJ/wj

FILED
01 APR -2 PM 1:45
SECRETARY OF STATE
TALLAHASSEE FLORIDA
CORP/789761

46

**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. Vanguard Health of Pensacola, LLC
(Name of foreign limited liability company)

2. Georgia
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FEI number, if applicable)

4. 10/25/00
(Date of Organization)

5. Perpetual
(Duration: Year limited liability company will cease to exist or "perpetual")

6. April 2, 2001
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))

7. 2743 Parimeter PKy BD 200 #200
Augusta, Georgia 30309
(Street address of principal office)

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

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

Ron Arrington
600 Republic Center
Chattanooga, Tennessee 37450

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01 APR -2 PM 1:45
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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: home health
Care

Wendi Johnson
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.)
Wendi Johnson
Typed or printed name of signee

**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:

VANGUARD HEALTH OF PENSACOLA, 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

Dale W. Morris

(Signature)

DALE W. MORRIS
ASSISTANT VICE PRESIDENT

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

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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FILED

Secretary of State
Corporations Division
315 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

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STATE OF GEORGIA
TALLAHASSEE FLORIDA

CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of the State of Georgia do hereby certify under the seal of my office that

VANGUARD HEALTH OF PENSACOLA, LLC
A GEORGIA LIMITED LIABILITY COMPANY

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



Cathy Cox

Cathy Cox
Secretary of State