



ANAMED

Because The Heart Is In It

6311 Cainsville Road
Lebanon, TN 37090-7770

Office: (615) 444-2225
Fax: (615) 453-5001

888-8ANAMED
888-826-2633

www.anamed.com

M01000060785

March 21, 2001

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

100003892981--5
-03/22/01--01063--013
****165.00 ****165.00

To whom it may concern:

W01-6877

I am submitting an application to register a limited liability company located in Tennessee for the purpose of transacting business in the state of Florida. I have enclosed an original certificate of existence as well as check for the fees to register in the amount of \$ 160.00.

Please forward the certificate to:

ANAMED
6311 Cainsville Road
Lebanon, TN 37090

If you have any questions please contact me at 615-444-2225. Thank you for your assistance.

Sincerely,

Stacie Hollis

Stacie Hollis

FILED
01 APR 10 AM 8:34
TALLAHASSEE, FLORIDA

52



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

March 27, 2001

STACIE HOLLIS
ANAMED
6311 CAINSVILLE RD
LEBANON, TN 37090

SUBJECT: ANAMED, ENGINEERING SERVICES, LLC
Ref. Number: W01000006877

We have received your document for ANAMED, ENGINEERING SERVICES, LLC and your check(s) totaling \$165.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

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) 487-6043.

Shawn Logan
Document Specialist

Letter Number: 301A00018347

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RECEIVED
TALLAHASSEE, FLORIDA

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO
TRANSACT BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN
LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Anamed, LLC
(Name of foreign limited liability company)
2. Tennessee
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 62-1612106
(FEI number, if applicable)
4. 1195
(Date of Organization)
5. perpetual
(Duration: Year limited liability company will cease to exist or "perpetual")
6. 4/15/01
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. 575 Stumpy Lane Lebanon, TN 37090
(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:

<u>Stacie Hollis</u>	<u>575 Stumpy Lane Lebanon, TN 37090</u>
<u>Kyle Hollis</u>	<u>as above</u>

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 Equipment Installation
Stacie Hollis

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.)

Stacie Hollis

Typed or printed name of signee

RECEIVED
FBI MIAMI
APR 10 2001

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FILED

**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:

Ahamed, LLC

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

ETek Services, Inc
(Name)

10097 Cleary Blvd

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..

Erin G. Gorman

(Signature)

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

FILED
TALLAHASSEE, FLORIDA

01 APR 10 AM 8:34

Secretary of State
Division of Business Services
312 Eighth Avenue North
6th Floor, William R. Snodgrass Tower
Nashville, Tennessee 37243

ISSUANCE DATE: 03/01/2001
REQUEST NUMBER: 010602058
TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 08/03/1995
STATUS: ACTIVE
CORPORATE EXPIRATION DATE: PERPETUAL
CONTROL NUMBER: 0298364
JURISDICTION: TENNESSEE

TO:
JOSEPH V. FERRELLI
104 WOODMONT BLVD
STE 115
NASHVILLE, TN 37205

REQUESTED BY:
JOSEPH V. FERRELLI
104 WOODMONT BLVD
STE 115
NASHVILLE, TN 37205

CERTIFICATE OF EXISTENCE

I, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT

"ANAMED, LLC"

A LIMITED LIABILITY COMPANY DULY FORMED UNDER THE LAW OF THIS STATE WITH DATE OF
FORMATION AND DURATION AS GIVEN ABOVE;
THAT ALL FEES, TAXES, AND PENALTIES OWED TO THIS STATE WHICH AFFECT THE
EXISTENCE OF THE LIMITED LIABILITY COMPANY HAVE BEEN PAID;
THAT THE MOST RECENT LIMITED LIABILITY ANNUAL REPORT REQUIRED HAS BEEN FILED;
THAT ARTICLES OF DISSOLUTION HAVE NOT BEEN FILED; AND
THAT ARTICLES OF TERMINATION OF THE EXISTENCE HAVE NOT BEEN FILED.

FOR: REQUEST FOR CERTIFICATE

ON DATE: 03/01/01

FROM:
JOSEPH V. FERRELLI
SUITE 115
104 WOODMONT BLVD.
NASHVILLE, TN 37205-0000

RECEIVED: FEES \$20.00 \$0.00
TOTAL PAYMENT RECEIVED: \$20.00

RECEIPT NUMBER: 00002821180
ACCOUNT NUMBER: 00070164



Riley C Darnell

RILEY C. DARNELL
SECRETARY OF STATE