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SUITE 3100, PROMENADE II 1230 PEACHTREE STREET, N E. ATLANTA, GEORGIA JO309-3592 Telephone (404) 815-3500 Facsimile (404) 815-3509 ATTORNEYS AT LAW Suite 2000, bank of america yower 50 north laura street Jacksonville, Florida 32202

SMITH, GAMBRELL & RUSSELL, LLP

TELEPHONE (904) 598-8100 Facsimile (904) 598-8300 Website www.sgriaw.com

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ALLAIASSWARHUGONDAC 20038 TELEPHONE (202) 263-4300 FACSIMLE (202) 263-4329

Kathy M. Hennessey (904) 598-6134 Direct Fax No. - (904) 598-6234 E-Mail - khennessey@sgrlaw.com

August 14, 2003

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

Re: Novitas Health, LLC

Ladies and Gentlemen:

On behalf of our client, Novitas Health, LLC, enclosed is an Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida, along with an original certificate of existence, a Certificate of Designation of Registered Agent/Registered Office, and a check in the amount of \$160.00 to cover the filing fee, the Designation of Registered Agent fee, and the certified copy and certificate of status fees.

Please do not hesitate to call me at the above number if you have any questions.

Sincerely,

1. Hernessey

Kathy M. Hennessey Paralegal

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Enclosures cc: Ari Jolly, Esq. (w/enc.) Adam J. Buss, Esq. (w/enc.)

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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	Novitas Health, LLC		
1.	(Name of foreign limited liability company)		
2.	Delaware 3 45-0516602		
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)		
4.	May 2, 2003 5 December 31, 2022		_
	(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.	4800 Deerwood Campus Parkway, #100-7		
	Jacksonville, FL 32246-8273		
	(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:		
	Sharon Allen, 320 W. Capital, Little Rock, AZ 72201		
	Mark White, 320 W. Capital, Little Rock, AZ 72201		~ ^1 -
	Joe Grantham, 4800 Deerwood Campus Parkway, #100-7, Jacksonville, FL 32246		
	Nick Stam, 4800 Deerwood Campus Parkway, #100-7, Jacksonville, FL_32246	ŗ	_+ •·
10.	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records 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.)	in	
11	. Nature of business or purposes to be conducted or promoted in Florida:Participate in joint		
	capability development and/or operations that relate to the health industry		. .
	Lerri Schmidt		
	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.)

Terry Schmidt, Managing Director

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Typed or printed name of signee

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

TALLAHASSEE, FLORIDA

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:

Novitas	Health,	LLC
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2. The name and the Florida street address of the registered agent and office are:

Ari Jolly, Esq.	(Name)			<i>≭</i> 2+ _	Ť	7
4800 Deerwood Ca	mpus Parkway, #100-7				· • •	·•es /
Florida stree	address (P.O. Box NOT ACCEPTABLE)	<u> </u>	-	`	'	
Jacksonville	FI. 32246					
	(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.

- \$ 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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SEVELANT OF STATE

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NOVITAS HEALTH, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SEVENTH DAY OF JULY, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.



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arriet Smith Winds

Harriet Smith Windsor, Secretary of State AUTHENTICATION: 2512995

DATE: 07-07-03