

MO3000004224

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Name
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Document
Examiner DCC

Updater DCC
Office Use Only

Updater
Verifier DCC

Acknowledgement DCC

W. P. Verifier DCC



100025063831

11/28/03--01047--006 **70.00

12/26/03--01022--011 **85.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 DEC 18 PM 6:11

G. TAX
FILING 55.00
REGISTER FEE
D. FEE 30.00
N. FEE
G. FEE DUE
REFUND

wrong form
money

MO30000036921

TPC
Total Patient Care Home Health, Inc.
"Home is the best place to be...with TPC"

December 15, 2003

Ms. Diane Cushing
Document Specialist
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: W03000036921

Dear Ms. Cushing;

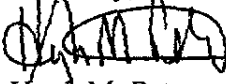
I am enclosing the information you requested in your letter of December 6, 2003 (copy enclosed). I apologize that the initial documents were incorrect. Also, I am enclosing a check in the amount of \$85.00, the breakout of which is as follows;

- \$30.00 additional Application filing fee (You have already received \$70.00 per our initial filing).
- \$25.00 for Designation of Registered Agent
- \$30.00 for a Certified Copy

A Certificate of Existence is also enclosed.

Please let me know if anything further is required and thank you for your help.

Sincerely,



Hugh M. Peters
Chief Financial Officer

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FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

December 6, 2003

HUGH PETERS
VANGUARD HEALTH SERVICES
6820 SOUTHPOINT PKWY, STE 4
JACKSONVILLE, FL 32216

SUBJECT: VANGUARD HEALTH SERVICES, LLC
Ref. Number: W03000036921

We have received your document for VANGUARD HEALTH SERVICES, LLC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fees to file a Florida Limited Liability Company or register a Foreign Limited Liability Company are as follows: \$100 filing fee; and \$25 registered agent designation fee. Please include an additional \$30 for each certified copy requested (optional) and \$5.00 for each certificate of status requested (optional).

You have completed the form for a corporation which is the wrong form. Please complete the attached form for a limited liability company.

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) 245-6913.

Diane Cushing
Document Specialist

Letter Number: 903A00065711

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 SERVICES, LLC
(Name of foreign limited liability company)
2. DELAWARE
(Jurisdiction under the law of which foreign limited liability company is organized)
3. _____
(FEI number, if applicable)
4. 4-1-2001
(Date of Organization)
5. PERPETUAL
(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. 600 REPUBLIC CENTRE
CHATTANOOGA, TN 37450
(Street address of principal office)

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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:

RONALD ARRINGTON, CEO, 600 REPUBLIC CENTRE, CHATTANOOGA, TN 37450
HUGH M. PETERS, CFO, 307 MARSH POINT CIRCLE, ST. AUGUSTINE, FL 320

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 AGENCY

[Signature]
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.)

HUGH M. PETERS

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 SERVICES, LLC

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

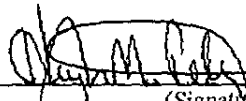
HUGH M. PETERS

TOTAL PATIENT CARE HOME HEALTH, INC.
(Name)

6820 SOUTHPOINT PKWY, SUITE 4
Florida street address (P.O. Box NOT ACCEPTABLE)

JACKSONVILLE FL 32216
(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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Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "VANGUARD HEALTH SERVICES, 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 TWENTIETH DAY OF NOVEMBER, A.D. 2003.

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Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

3483055 8300

AUTHENTICATION: 2762150

030746896

DATE: 11-20-03