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**FOREIGN LIMITED LIABILITY COMPANY**

**HOUSECALLS PATIENT SERVICES, LLC**

Certificate of Status	0
Certified Copy	1
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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSMIT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.501, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSMIT BUSINESS IN THE STATES OF FLORIDA:

- 1. HOUSECALLS PATIENT SERVICES, LLC (Name of foreign limited liability company)
2. DELAWARE (Jurisdiction under the law of which foreign limited liability company is organized)
3. 20-0921782 (FEI number, if applicable)
4. MARCH 1, 2004 (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 817.135, F.S.))
7. 866 RIDGEWAY LOOP ROAD, MEMPHIS, TENNESSEE 38120

(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:

THE LIMITED LIABILITY COMPANY IS MANAGED BY A BOARD OF DIRECTORS; SEE ATTACHED SCHEDULE

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:

PROVIDER OF HEALTHCARE SERVICES

Milton Schachter (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.)

MILTON SCHACHTER, PRESIDENT

Typed or printed name of signee

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**HOUSECALLS PATIENT SERVICES, LLC**  
**ATTACHMENT TO APPLICATION**  
**BY FOREIGN LIMITED LIABILITY COMPANY**  
**FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

9. The name and usual business address of the current Board of Directors of the limited liability company are as follows:

James H. Amos, Jr.  
866 Ridgeway Loop Road  
Memphis, Tennessee 38120

Marlin Graber  
866 Ridgeway Loop Road  
Memphis, Tennessee 38120

Gary Prosterman  
866 Ridgeway Loop Road  
Memphis, Tennessee 38120

Milton Schachter  
866 Ridgeway Loop Road  
Memphis, Tennessee 38120

Dee Anna Smith  
866 Ridgeway Loop Road  
Memphis, Tennessee 38120

9. The sole member of the limited liability company is:

Housecalls, Etc., LLC  
866 Ridgeway Loop Road  
Memphis, Tennessee 38120

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**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:

HOUSECALLS PATIENT SERVICES, LLC

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

NRAI Services, Inc.

(Name)

526 E. Park Avenue

Florida street address (P.O. Box **NOT** ACCEPTABLE)

Tallahassee

FL 32301

(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.*  
NRAI Services, Inc.

By:

Eileen Chaddock

(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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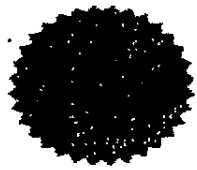
# Delaware

*The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HOUSECALLS PATIENT 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 TWENTY-NINTH DAY OF MARCH, A.D. 2004.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HOUSECALLS PATIENT SERVICES, LLC" WAS FORMED ON THE FIRST DAY OF MARCH, A.D. 2004.

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



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*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State  
AUTHENTICATION: 3019463

DATE: 03-29-04

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