

M04000001672

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

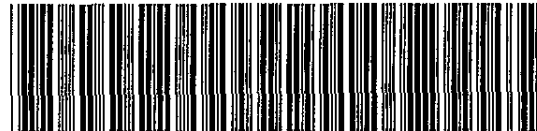
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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04 APR 26 PM 4:03
SECRETARY OF STATE
DIVISION OF CORPORATIONS

4/20/04

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Wills, Trusts &
Estate Planning
Estate Administration
Corporation &
Business Law

Law Offices
ANDREW J. BRITTON, P.A.
151 Center Road
Venice, FL 34285

Telephone
(941) 408-8008

Telecopier
(941) 408-0722

April 22, 2004

Registration Section
Division of Corporations
Department of State
P. O. Box 6327
Tallahassee, Florida 32314

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 APR 26 PM 4:03

Re: PROMed Healthcare Management Services, LLC

Dear Sir or Madam:

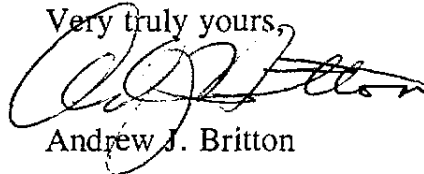
Enclosed please find the following documents relating to the above-referenced corporation:

- 1) Transmittal Letter;
- 2) Application By Foreign Limited Liability Company For Authority to Transact Business in Florida;
- 3) Certificate of Designation of Registered Agent/Registered Office; and
- 4) Certificate of Good Standing from the State of Delaware, Department of State.

Also enclosed is a check in the amount of \$130.00 to cover the costs of the filing fee and Certificate of Status.

Thank you for your assistance in this matter.

Very truly yours,



Andrew J. Britton

AJB\bk
Enclosures
cc: Irwin Katz

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PROMed Healthcare Management Services, LLC
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Andrew J. Britton, Esquire

(Name of Person)

Andrew J. Britton, P.A.

(Firm/Company)

151 Center Rd.

(Address)

Venice, FL 34285

(City/State and Zip code)

For further information concerning this matter, please call:

Irwin Katz

(Name of Person)

at (941) 492-6622

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

(X) \$100.00 filing fee
& certificate of status

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS
04 APR 26 PM 4:04

**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 TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. PROMed Healthcare Management Services, LLC
(Name of foreign limited liability company)
2. State of Delaware 3. 14-1852384
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. 10/11/2002 5. perpetual
(Date of Organization) (Duration. Year limited liability company will cease to exist or "perpetual")
6. January 1, 2004
(Date first transacted business in Florida (See sections 608.501, 608.502, and 817.155, F.S.))
7. 485 Altair Rd.
Venice, FL 34293
(Street address of principal office)

04 APR 26 PM 4:04
CLERK OF STATE
DIVISION OF CORPORATIONS

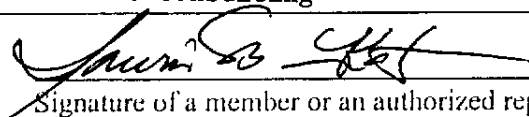
8. If limited liability company is a manager-managed company, check here ☒
9. The name and usual business addresses of the managing members or managers are as follows:

Irwin Katz
485 Altair Rd.
Venice, FL 34293

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: _____

Healthcare services consulting



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.)

Irwin Katz

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:

PROMed Healthcare Management Services, LLC

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

Irwin Katz

(Name)

485 Altair Rd.

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

Venice

FL

34293

(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)

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS
04 APR 26 PM 4:04

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PROMED HEALTHCARE MANAGEMENT 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 EIGHTH DAY OF APRIL, A.D. 2004.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 APR 26 PM 4:04



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Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 3043504

DATE: 04-08-04