

M0400000 4946

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

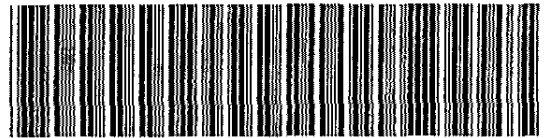
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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10/11/04--01042--023 **125.00

11/12/04--01005--023 **4200.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2004 NOV 12 PM 2:3

42
11/12/04

9

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cambio Health Solutions, LLC
(Name of Limited Liability Company)

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

John Southworth
(Name of Person)

Cambio Health Solutions, LLC
(Firm/Company)

100 Westwood Place, Suite 350
(Address)

Brentwood, TN, 37027
(City/State and Zip Code)

For further information concerning this matter, please call:

John Southworth at (423) 847.3872
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

FILED
2004 NOV 12 PM 2:3
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CAMBIO
HEALTH SOLUTIONS, LLC

October 4, 2004

Florida Secretary of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL, 32314

RE: Registration of foreign LLC: Cambio Health Solutions, LLC

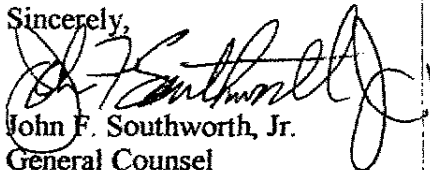
Dear Sir or Madam:

Enclosed please find for filing an Application for Authorization to Transact Business
behalf of the above referenced Delaware LLC.

Also enclosed is a check made payable to the Florida Department of State in the amount
of \$125.00 and a certificate of existence issued by the Delaware Secretary of State on
September 23, 2004.

If you have any questions, you may reach me at the address and phone numbers indicated
below. Thank you for your assistance in this matter.

Sincerely,


John F. Southworth, Jr.
General Counsel
Cambio Health Solutions, LLC

Home Office Address:

1626 Gunston Hall Road
Hixson, TN, 37343

Home Office Phone: 423.847.3872

Home Office Fax: 423.847.0062

Cc: Lynn Dwiggins, Cambio Health Solutions, LLC
Joey D. West, CPA, Crowe Chizek and Company, LLC

W04-37526
2004 OCT 12 PM 2:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

October 12, 2004

JOHN F. SOUTHWORTH, JR., GENERAL COUNSEL
CAMBIO HEALTH SOLUTIONS, LLC
1626 GUNSTON HALL ROAD
HIXSON, TN 37343

SUBJECT: CAMBIO HEALTH SOLUTIONS, LLC
Ref. Number: W04000037526

We have received your document for CAMBIO HEALTH SOLUTIONS, LLC and your check(s) totaling \$125.00. However, the document has not been filed and is being retained in this office for the following:

Pursuant to section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report/uniform business report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report/uniform business report and penalty fees is \$4,200.

Enclosed please find a copy of section 607.1501, 617.1501, or 608.502, Florida Statutes, which lists those activities that do not constitute transacting business in this state. If after reviewing this section you determine erroneous information was inserted on the application, a notarized affidavit containing the following information must be submitted: 1.) a statement indicating erroneous information was listed on the application; and 2.) the correct date the corporation began transacting business in Florida prior to the year the application was submitted did not constitute transacting business pursuant to section 607.1501, 617.1501 or 608.502, Florida Statutes.

If you have any questions concerning the filing of your document, please call (850) 245-6958.

Lee Rivers
Document Specialist

Letter Number: 904A00058852

FILED
2004 NOV 12 PM 3
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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. Cambio Health Solutions, LLC
(Name of Foreign Limited Liability Company)

2. Delaware 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. August 30, 1999 5. Perpetual
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. JANUARY, 2000
(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 100 Westwood Place, Suite 350
Brentwood, TN, 37027
(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:

Steven L. Blaine, James J. Braley, Robert R. Enkema, John A. Siedlecki,

Thomas W. Singleton, Robert Wright Usual business address for all:

100 Westwood Place, Suite 350, Brentwood, TN, 37027

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 management
and consulting

Robert R. Enkema, CFO
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.)

Robert R. Enkema, CFO

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2004 NOV 12 PM 2:31

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:

Cambio Health Solutions, LLC

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

Corporation Service Company
(Name)

1201 Hays Street

Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

Tallahassee

FL

32301

City/State/Zip

FILED
2004 JUN 12 PM 2:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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, Florida Statutes.

(Signature)

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

SEP. 27. 2004 4:05PM CORPORATION SERVICE COMPANY

NO. 6023 P. 1



CORPORATION SERVICE COMPANY™

CSC - Wilmington
Suite 400
2711 Centerville Road
Wilmington DE 19808
800-927-9800
302-636-5454 FAX

FAX COVER SHEET

DATE : September 27, 2004

TO : John Southworth

LAW FIRM/COMPANY : CAMBIO HEALTH SOLUTIONS, LLC

FAX NO. : 615-324-8501

FROM : Jeff Neel

TOTAL PAGES : 2 (including cover sheet)

Please see the signed document with agent signature. Thanks..SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2004 NOV 12 PM 2:36

This transmission is confidential and may contain legally privileged information. It is intended for the use of the named recipient only. No other person is authorized to read, copy or distribute this document. If you have received this transmission in error, please notify the sender immediately and mail it to the sender at the above address.

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:

Cambio Health Solutions, LLC

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

Corporation Service Company
(Name)
1201 Hays Street
Florida Street Address (P.O. Box NOT ACCEPTABLE)
Tallahassee FL 32301
City/State/Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2004 NOV 12 PM 2:33

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, Florida Statutes.

Jeffrey R. Neal
(Signature)

Jeffrey R. Neal, Authorized Representative of Corporation Service Company

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

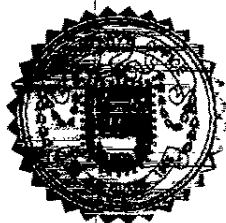
Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CAMBIO HEALTH SOLUTIONS, 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-THIRD DAY OF SEPTEMBER, A.D. 2004.

2004 SEP 12 PM 2:36
F-1
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State

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AUTHENTICATION: 3370829

DATE: 09-23-04