

MO6000005818

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

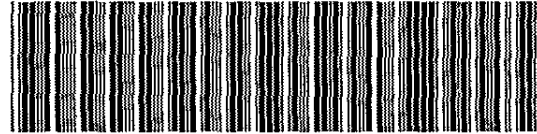
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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09/15/06--01002--023 **160.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 18, 2006

AL ABEL
1025 GREENWOOD BLVD., SUITE 121
LAKE MARY, FL 32746

SUBJECT: AMERICAN HEALTH ADVANTAGE, LLC
Ref. Number: W06000040891

We have received your document for AMERICAN HEALTH ADVANTAGE, LLC and your check(s) totaling \$160.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6020.

Tammi Cline
Document Specialist

Letter Number: 406A00055792

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SECRET
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 10/20/06 BY 60322
UCBAW

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AMERICAN HEALTH ADVANTAGE

www.truecareadvantage.com

1025 Greenwood Boulevard, Suite 121 • Lake Mary, FL 32746 • 800-747-6190 • Fax 888-888-8520

September 13, 2006

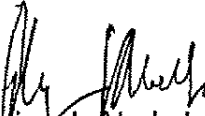
Florida Department of State
Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Dear Madam/Sir:

Enclosed please find the Application by Foreign Limited Liability Company
for Authorization to Transact Business in Florida, along with Certificate from the
State of Delaware and a check for the fees.

If you need additional information please advise.

Sincerely yours,


Aloysius J. Abel, Jr.
Managing Member

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TALLAHASSEE, FLORIDA



The way Health Care was meant to be . . .



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AMERICAN HEALTH ADVANTAGE, 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:

AL ABEL

(Name of Person)

AMERICAN HEALTH ADVANTAGE, LLC

(Firm/Company)

1025 GREENWOOD BOULEVARD, SUITE 121

(Address)

LAKE MARY FL 32746

(City/State and Zip Code)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

AL ABEL

(Name of Person)

at (800) 446 4633 x104

(Area Code & Daytime Telephone Number)

MAILING ADDRESS:

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

STREET ADDRESS:

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

**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. AMERICAN HEALTH ADVANTAGE, LLC
(Name of Foreign Limited Liability Company)
2. DELAWARE 3. 20 3475943
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. 9/13/2005 5. PERPETUAL
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6. 1/1/2006
(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 1025 GREENWOOD BOULEVARD, SUITE 121
LAKE MARY FL 32746
(Street Address of Principal Office)

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TALLAHASSEE, FLORIDA

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:

AL ABEL 1025 GREENWOOD BOULEVARD
SUITE 121
LAKE MARY FL 32746

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: TO ENGAGE IN AND DO ANY
LAWFUL ACT CONCERNING ANY OR ALL LAWFUL BUSINESS FOR WHICH LIMITED
LIABILITY COMPANIES MAY BE ORGANIZED

[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.)

ALOYSIUS J. ABEL, JR.
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:

AMERICAN HEALTH ADVANTAGE, LLC

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

AL ABEL

(Name)

293 DUBLIN DRIVE

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

LAKE MARY

FL

32746

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, 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)

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TALLAHASSEE, FLORIDA

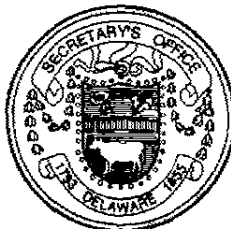
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Delaware

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The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AMERICAN HEALTH ADVANTAGE, 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 ELEVENTH DAY OF OCTOBER, A.D. 2006.



4029001 8300

060889479

Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5106354

DATE: 10-11-06