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L. SELLERS

**EXAMINER** 

### FLORIDA/FOREIGN LIMITED LIABILITY CO.

Family Focus Infusion, LLC d/b/a Family Focus Infusion of Duel, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$125.00

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# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION GRADS, PLORIDA STATUTES, THE FOLLOWING IS SUMMITTED TO RECISION A PORTION LIMITED LAWLET COMPANY TO TRANSACTEUSINESS IN THE STATE OF PLORIDA.

Pamily Focus Infusion, LLC	) B. 1789- Chirichest a trustent
	ust stolude "Limited Liability Company," "L.L.C.," or "LL.C.")
Family Focus Infusion of Duva	
(If name unavailable, enter alternate name adopted for th	he purpose of transacting business in Florida and attach a copy of the written the alternate name. The alternate name must include "Limited Liability
Delaware (Nursaliotion under the law of which foreign limited H company is organized)	3. 25-1506552 2billty (PEI number, if applicable)
4. December 19, 2007 (Date of Organization)	5. Parnatual (Duration: Year limited liability company will coase to local or "perpensal")
6. (Date first transacted busine (See sections 608.501 & 608.	ess in Florida, if prior to registration.) 502 F.S. to determine penalty liability)
7. 4417 Beach Boulevard, Suite 1	01
Jacksonville, Plozids 32207 (Steet A	Address of Principal Office)
8. If limited liability company is a manager-ma	maged company, check here X
<ol><li>The name and usual business addresses of th</li></ol>	e managing members or managers are as follows:
Reeve Waud, 8016 Plainfield Re	ead, Cincinnati, OH 45236
Matthew Clary, 8016 Plaintial	d Road, Cincinnati, OH 45236
Dana Soper, 8016 Plainfield Ro	cad, Cincinnati, OE 45236
the juristiction under the law of which the organized. (A pl translation, of the cartificate under each of the translator must	ten 90 drysold, duly authenticated by the official having custody of records in hotocopy is not acceptable. Princentificate is in a fireign language, a the submitted)  cond or promoted in Florids: Providing infusion services
and curresponding alinical pharmac	
Dona -	
(In accordance with section 608.4	of parting that the fact placed formers constitutes and parting that the fact placed formers constitutes.
	Authorized Representative
Typed or p	printed name of signes  E.F. F. LOR

# WRITTEN CONSENT TO ADOPT ALTERNATE NAME FOR USE IN THE STATE OF FLORIDA

We, the undersigned, do hereby certify that we are the Managers and/or Managing
Members of Family Ponus Infusion, LLC
(Name of Limited Liability Company)
a limited liability company duly organized and existing under the laws of
Dellaware (State or Country of Organization)
(20mg b. Canmah 91 Cullingarrows)
Because the name of this foreign limited liability company does not satisfy the
requirements of the s. 608.406, F.S., the limited liability company hereby adopts the
following name to transact business in the state of Florida:
Pamily Focus Influeics of Duval , LLC (Name to be used by limited liability company in Florida, NOTE Name must cod with Limited Liability Company, LLC., or (LC.)
Dain: June 13, 2008
Signature(s) of Manager(s) and/or Managing Member(s):
notate value
None W Son
Dana W. Soper

CR2E122 (7/07)

SECKETARY OF STATE

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION  $608.415 \simeq 608.507$ , 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	of the Limited Liability Company is:
Family Focus Infusion, LLC	
If name unava	ilable, the alternate name to be used in the state of Florida is:
Yen11y	Poone Infusion of Duval , ILC
2. The name a	and the Florida street address of the registered agent and office are:
	CT Corporation System
	(Name)
	1200 South Fine Island Road
	Floride Stroot Address (P.O. Box NOT ACCEPTABLE)
•	Plantation, Pf. 33324
	City/Statz/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, Plorida Statutes.

Coul Record Asst Sons

\$ 100.00 Fing Fee for Application

S 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 "FAMILY FOCUS INFUSION, 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 THIRTEENTH DAY OF JUNE, A.D. 2008.

AND I DO HEREBY FORTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Varriet Smith 91

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6657983

DATE: 06-13-08

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You may verify this certificate colla ar corp walevers.cov/suthver.shtml FILED