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EXAMINER

F. James Bradley Byron G. Riley Michael K. Denney Patrick M. Courtney Donald G. Thompson Kelly R. Baier Gregory J. Seyfer Dean A. Spina Joseph E. Schmall Bradley G. Hart William J. Neppl William T. McCartan Maureen G. Kenney Vernon P. Squires Timothy J. Hill Paul D. Burns Michael J. Pugh Janice J. Kerkove Nancy A. Wood

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Bradley & Riley PC

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DIRECT DIAL: 319-861-8740

January 12, 2009

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

RE: MedHQ, LLC

Dear Sir or Madam:

Enclosed are the following:

- 1. Cover Letter;
- 2. Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida;
- 3. Certificate of Designation of Registered Agent/Registered Office;
- 4. Certificate of Existence from the State of Illinois; and
- 5. Payment in the amount of \$125.00 for the filing fee.

Please process the enclosed Application and return the Letter of Acknowledgement to Kelley DeSousa, c/o Bradley & Riley PC, 2007 First Avenue SE, Cedar Rapids, IA 52402. Please contact me at (319) 861-8740 if you have any questions. Thank you very much.

Sincerely,

BRADLEY & RILEY PC

Cly De Sonon

Kelley R. DeSousa Paralegal

Enclosures

{00649210.DOC}

COVER LETTER

Division of Corporations	
SUBJECT: MEDHQ, LLC	
(Name of Limite	d Liability Company)
	lity Company for Authorization to Transact Business in mitted to register the above referenced foreign limited
Please return all correspondence concerning this mat	ter to the following:
KELLEY DESOUSA	
(Name	e of Person)
C/O BRADLEY & RILEY PC	
(Firm	(Company)
2007 FIRST AVENUE SE	
(A	Address)
CEDAR RAPIDS, IA 52402	
(City/State	and Zip Code)
For further information concerning this matter, please	e call:
KELLEY DESOUSA	at (319) 861-8740
(Name of Person)	(Area Code & Daytime Telephone Number)
MAILING ADDRESS:	STREET ADDRESS:
	Division of Corporations
	Clifton Building
	2661 Executive Center Circle Fallahassee, FL 32301
Enclosed is a check for the following amount:	\$155.00 Filing Fee & \$\Bigs\bigs\\$160.00 Filing Fee, Certificate atus Certified Copy of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT 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:

	MEDHQ, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
ÇC	f name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a composition of the written onsent of the managers or managing members adopting the alternate name. The alternate name must include Thimited Liability ompany," "L.L.C.," "LLC.")
2.	ILLINOIS (Jurisdiction under the law of which foreign limited liability company is organized) 3. (FEI number, if applicable)
4.	JUNE 30, 2008 (Date of Organization) 5. 12/31/2053 (Duration: Year limited liability company will cease to exist or "perpetual")
6.	N/A
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7.	4 WESTBROOK CORPORATE CTR., STE. 440
	WESTCHESTER, IL 60154
	(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:
	THOMAS JACOBS 4 WESTBROOK CORPORATE CTR., STE. 440
	WESTCHESTER, IL 60154
the	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a solution of the certificate under oath of the translator must be submitted.)
11	. Nature of business or purposes to be conducted or promoted in Florida: PROVIDE HUMAN
	RESOURCE SERVICES TO EMPLOYERS
	Draw Marie
	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.)
	THOMAS JACOBS

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:	is s
MEDHQ, LLC	到生
If name unavailable, the alternate name to be used in the state of Florida is:	15 PL 2
2. The name and the Florida street address of the registered agent and office are:	08
PACIFIC REGISTERED AGENTS, INC. (Name)	···
5647 110TH AVENUE NORTH Florida Street Address (P.O. Box NOT ACCEPTABLE)	
ROYAL PALM BEACH, FL 33411 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.

(SEE	ATTACHED)			
		(Signature)	·-·	

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

File Number

0096354-2



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

MEDHQ, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JULY 23, 2003, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



Authentication #: 0901200908

Authenticate at: http://www.cyberdriveillinois.com

In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 12TH

day of JANUARY

A.D.

2009

Desse White

SECRETARY OF STATE