

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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**Note: DO NOT** hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

RECEIVED  
10 AUG 16 PM 4:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
P4 HEALTHCARE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

FILED  
10 AUG 16 AM 8:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN

AUG 17 2010

8/16/2010

EXAMINER

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** P4 Healthcare, LLC

\_\_\_\_\_  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

\_\_\_\_\_  
Stephanie Ludwig

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Cardinal Health, Inc.

\_\_\_\_\_  
Firm/Company

\_\_\_\_\_  
7000 Cardinal Place

\_\_\_\_\_  
Address

\_\_\_\_\_  
Dublin, Ohio 43017

\_\_\_\_\_  
City/State and Zip Code

\_\_\_\_\_  
stephanie.ludwig@cardinalhealth.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

\_\_\_\_\_  
Name of Person

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Area Code & Daytime Telephone Number

### STREET/COURIER ADDRESS:

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

### MAILING ADDRESS:

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

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$30 Filing Fee &  
Certificate of Status

☐ \$55 Filing Fee &  
Certified Copy

☐ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**AFFIDAVIT BY FOREIGN LIMITED LIABILITY COMPANY  
TO CHANGE MANAGER(S) OR MANAGING MEMBER(S)**

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: P4 Healthcare, LLC

2. This entity was formed under the laws of: Delaware

3. This entity was authorized to transact business in Florida on 8/21/2009  
and its Florida document/registration number is M09000003263

4. The name and address of each manager or managing member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Healthcare Solutions Holding, LLC  
7172 Columbia Gateway Drive, Suite 200B  
Columbia, MD 21045

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TALLAHASSEE, FLORIDA

HEALTHCARE SOLUTIONS HOLDING, LLC, Sole Member

Required Signature:

By: [Signature]

Rylan O. Rawlins, Assistant Secretary  
Authorized Person

Filing Fee: \$25