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**Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : NORTHWEST REGISTERED AGENT LLC  
Account Number : 120090000081  
Phone : (509) 768-2249  
Fax Number : (866) 543-4731

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

Email Address: tdavis@patientschoicemedical.com

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Foreign Limited Liability Company  
PATIENT'S CHOICE, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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**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. PATIENT'S CHOICE, LLC**

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

**IL PATIENT'S CHOICE, LLC**

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")

**2. ILLINOIS**

(Jurisdiction under the law of which foreign limited liability company is organized)

**3.**

(FEI number, if applicable)

**4. MAY 14, 2007**

(Date of Organization)

**5. PERPETUAL**

(Duration: Year limited liability company will cease to exist or "perpetual")

**6.**

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

**7. 3068 WISTER CIRCLE**

**VALRICO, FL 33596**

(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:**

**DELBERT S. RINQUEST - 625 W. UNIVERSITY DR - UNIT A, ARLINGTON HEIGHTS, IL 60004**

**BRIAN J. McCLATCHIE - 625 W. UNIVERSITY DR - UNIT A, ARLINGTON HEIGHTS, IL 60004**

**STEPHEN C. BIRD - 625 W. UNIVERSITY DR - UNIT A, ARLINGTON HEIGHTS, IL 60004**

**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: SALE OF PRESCRIPTION BASED**

**ITEMS INCLUDING: POWER WHEEL CHAIRS, TENS UNITS, TRACTION DEVICES AND ORTHOSIS DEVICES**

**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.)

**TODD DAVIS**

Typed or printed name of signee

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
10 NOV - 1 AM 8:26

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**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:

PATIENT'S CHOICE, LLC

If name unavailable, the alternate name to be used in the state of Florida is:

IL PATIENT'S CHOICE, LLC

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

Northwest Registered Agent, LLC.

(Name)

2022-2 Raymond Diehl Rd. STE B

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

Tallahassee

FL

32308

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.*



Dan Keen - Manager

(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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*To all to whom these Presents Shall Come, Greeting:*

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

PATIENT'S CHOICE, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON MAY 14, 2007, 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 #: 1030202240

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 29TH day of OCTOBER A.D. 2010 .*

*Jesse White*

SECRETARY OF STATE