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11 APR 27 PH 1: 48

B. BOSTICK
APR 28 2011
EXAMINER

COVER LETTER

	ision of Corporations	V/IOTO I I O	
SUBJECT:	ADS MEDICAL SER	VICES LLC Name of Limited Liability Company	
The enclosed		iability Company for Authorization to Transact Business in Flo	orida " Cortificate of
		e above referenced foreign limited liability company to transact	
Please return	all correspondence concerning this	matter to the following:	
	ROBERT S WEINROT	`H	
	NOBERT O WENTED	Name of Person	
	ADS MEDICAL SERVIC	CES LLC	
		Firm/Company	
	951 BROKEN SOUND	PKWY NW STE 250	
		Address	
	BOCA RATON FL 3348	37-2506	
		City/State and Zip Code	
	RWeinroth@Freedo	Med.com	
	E-mail address	: (to be used for future annual report notification)	APR 2
or further in	formation concerning this matter, pl	ease call:	7
RO	BERT S WEINROTH	at (561) 212-6000	S. P.
<u></u>	Name of Person	Area Code & Daytime Telephone Number	
	ILING ADDRESS:	STREET ADDRESS:	" 35
	sion of Corporations stration Section	Division of Corporations Registration Section	4
P.O.	Box 6327	Clifton Building	
Talla	ahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301	
Enclosed is	a check for the following amo	nunt.	
	5.00 Filing Fee \$\int\\$130.00 Filing	Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Cer	
	Certificate of S	1,0	• •
)/ (AIL ME WHEN OMPLETED SO I	HFT 1
(C)	ナンド FU	irii C	4 1.11
-A-S	BEEN C	ompleted so I	
	- A -	MYAL REPORT	BETOI

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:

1. ADS MEDICAL SERVICES LLC

(Name of Foreign Limited Liability Company; must inclu	de "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpos consent of the managers or managing members adopting the alter Company," "L.L.C," "LLC.")	se of transacting business in Florida and attach a copy of the writte mate name. The alternate name must include "Limited Liability
2. DELAWARE 3	27-2502128
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
4. 04-MAY-2010 5	
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
6. OWNS FL SUBSIDIARY CORP: AME	RICAN DIABETES SERVICES INC.
(Date first transacted business in Flo (See sections 608.501 & 608.502 F.S.	
{7.} 951 BROKEN SOUND PKWY NW STE 2	250 \(\overline{\pi}{\overline{\sigma}}\)
BOCA RATON FL 33487-3506	AP T
(Street Address of	of Principal Office)
8. If limited liability company is a manager-managed	
9. The name and usual business addresses of the mana	
ROBERT S WEINROTH MGRM; MARK A R	ADZIK MGR; JAMES F CLARKMGR
ADS MEDICAL SERVICES LLC; 951 BR	OKEN SOUND PKWY NW STE 250
BOCA RATON FL 33487-3506 PHN (561) 237-0000 FAX (561) 886-2777
10. Attached is an original certificate of existence, no more than 90 d the jurisdiction under the law of which it is organized. (A photocopy manslation of the certificate under oath of the translator must be subm	1 0 0 0 7
11. Nature of business or purposes to be conducted or	•
AMERICAN DIABETES SERVICES INC I	S A MEDICAL SUPPLY COMPANY
De 2	
Signature of a member or an aut	horized representative of a member.
(In accordance with section 608.408(3), P.S., the execu	tion of this document constitutes an affirmation under the
penalties of perjury that the facts stated herein are true	I am aware that any false information submitted in a a third degree felony as provided for in s.817.155, F.S.)
ROBERT S WEINROTH	

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:

ADS MEDICAL SERVICES LLC

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

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

ROBERT S WEINROTH	, ESQ.	SECI	=======================================	
	(Name)		70	
		SSS	2	Commen
951 BROKEN SOUND PKWY NW STE 252				
Florida Street Address (P.O. Box NOT ACCEPTABLE)				- marrie
	,	0R	• •	-
BOCA RATON	FI 33487-3531	E E	င္သာ	

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)

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ADS MEDICAL SERVICES 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 TWENTY-FIRST DAY OF APRIL, A.D. 2011.

11 APR 27 PH 1: 48
SEUNCHALL OF STATE
TALLAHASSEE FI OBION

4819319 8300

110441605
You may verify this certificate online at corp.delaware.gov/authver.shtml

AUTHENTYCATION: 8711803

DATE: 04-21-11