Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

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Account Name : C T CORPORATION SYSTEM

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Foreign Limited Liability Company Healthstat Pensacola, LLC

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

011A-13820

COVER LETTER

Registration Section Division of Corporations

TO;

	· · ·	Name of Limited Liability Company
enclosed tence, an	"Application by Foreign Limited decheck are submitted to register to	Liability Company for Authorization to Transact Business in Florida,* (the above referenced foreign limited liability company to transact busines
se return	all correspondence concerning thi	is matter to the following:
	Susan C. Kinzler	
•	,	Name of Person
		• • ·
	Healthstat, Inc.	
		Firm/Company
	4601 Charlotte Park Drive, Su	rite 390
		Address
		•
	Charlotte, NC 28217	
	•	City/State and Zip Cods
	susun kinzier@healthstatinc.co	nn.
	E-mail addres	ss: (to be used for future annual report notification)
arther inf	formation concorning this matter, p	picaso cali:
Snean	C. Kinzler	.704 529-6161
	Name of Person	Area Code & Daytime Telephone Number
	•	
	LING ADDRESS: ion of Corporations	STREET ADDRESS: Division of Corporations
	tration Section	Registration Section
	Box 6327	Clifton Building
Tallal	nassoc, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301
locad ic	a check for the following am	iount:
1000013		

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN TIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Healthstat Pensacola, LLC	
(Name of Foreign Limited Liability Company; must i	include "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the present of the managers or managing members adopting the Company," "L.L.C." "LLC.")	urpose of transacting business in Florida and attach a copy of the writte alternate name. The alternate name must include "Limited Liability
2. North Carolina	3. 45-2451706
(furisdiction under the law of which foreign limited liability company is organized)	ity (FEI number, if applicable)
4 June 3, 2011	5 Perpetual
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
5.	ქ.
	n Florida, if prior to registration.) 7.S. to determine penalty liability)
7. 4601 Charlotte Park Drive, Suite 390	<u> </u>
Charlotte, NC 28217	<u> </u>
(Street Addr	ress of Principal Office)
8. If limited liability company is a manager-manage	ed company, check here
2. The name and usual business addresses of the m	nanaging members or managers are as follows:
Healthstat, Inc.	
4601 Charlotte Park Drive, Suite 390	
Charlotte, NC 28217	
	90 days old, duly authenticated by the official having custody of records in copy is not acceptable. If the certificate is in a foreign language, a submitted.)
1. Nature of business or purposes to be conducted	or promoted in Florida; on-site health clinics
Signature of almost ber from	ayphorized representative of a member.
(In accordance with section 608.408(3), F.S., the ex	xecution of this document constitutes an affirmation under the
	e true. I am aware that any false information aubmitted in a utes a third degree felony as provided for in 9.817.155. P.S.)

Typed or printed name of signee

FL057 - 1005/2010 C T System College

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: Healthstat Pensacola, LLC				
(f unavailub	ile, the alternate to be used	in the state of Florida is:		
2. The nam	e and the Florida street add	dress of the registered agent and office are:	DIVIS	
	C T Corporation System			
,		(Name)	- 5	
	1200 South Pine Island Ros	ed	ح	
	Plorida Stre	ot Address (P.O. Box NOT ACCEPTABLE)	99	
	Plantotion	Fr. 33324	ā	
	·	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.

C T Corporation System

Michael Scraphin Asst, Secretary

(Signature)

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



NORTH CAROLINA Department of the Secretary of State

CERTIFICATE OF EXISTENCE (Limited Liability Company)

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

HEALTHSTAT PENSACOLA, LLC

is a limited liability company duly formed under the laws of the State of North Carolina, having been formed on the 3rd day of June, 2011, with its period of duration being Perpetual.

I FURTHER certify that the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act; and that the said limited liability company has not filed articles of dissolution as of this date of this certificate.



Contification# 91715377-1 Reference# 10626686- Page: 1 of 1 Verify this certificate online at www.socretary.state.nc.us/verification IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 6th day of June, 2011.

Secretary of State

Elaine I. Marshall