

**M11000003529**

Florida Department of State  
Division of Corporations  
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Email Address: [steven.schneider@alanahealthcare.com](mailto:steven.schneider@alanahealthcare.com)

**Foreign Limited Liability Company  
Alana Healthcare Pharmacy, LLC**

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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JUL 14 2011

EXAMINER

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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. Alana Healthcare Pharmacy, LLC

(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "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. Tennessee

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

3. 27-1028314

(FEI number, if applicable)

4. 10/2/2009

(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. 208 Dragon Drive, Dickson, Tennessee 37055

(Street Address of Principal Office)

8. If limited liability company is a manager-managed company, check here ☐

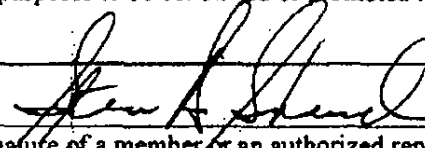
9. The name and usual business addresses of the managing members or managers are as follows:

Alana Healthcare, LLC, 208 Dragon Drive, Dickson, Tennessee 37055

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: \_\_\_\_\_

All lawful business

  
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.)

Steven Schneider, Member, Signing on behalf of Alana Healthcare, LLC, Member  
Typed or printed name of signee

2011 JUL 13 AM 8:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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:

Alana Healthcare Pharmacy, LLC

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

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

Business Filings Incorporated

(Name)

1203 Governors Square Blvd, Suite 101,

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

Tallahassee

FL 32301-2960

City/State/Zip

2011 JUL 13 AM 09:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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*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)

Mark Williams, A.V.P., Business Filings Incorporated

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



**STATE OF TENNESSEE**  
**Tre Hargett, Secretary of State**  
Division of Business Services  
William R. Snodgrass Tower  
312 Rosa L. Parks AVE, 6th FL  
Nashville, TN 37243-1102

**BUSINESS FILINGS INCORPORATED**

May 25, 2011

8040 EXCELSIOR DRIVE  
SUITE 200  
MADISON, WI 53717-2902

**Request Type: Certificate of Existence/Authorization**  
Request #: 0039428

Issuance Date: 05/25/2011  
Copies Requested: 1

**Document Receipt**

Receipt #: 478361

Filing Fee: \$20.00

Payment-Account - BUSINESS FILINGS INCORPORATED, MADISON, WI

\$20.00

**Regarding: Alana Healthcare Pharmacy, LLC**  
Filing Type: Limited Liability Company - Domestic  
Formation/Qualification Date: 10/02/2009  
Status: Active  
Duration Term: Perpetual

Control #: 614713  
Date Formed: 10/02/2009  
Formation Locale: Dickson County  
Inactive Date:

**CERTIFICATE OF EXISTENCE**

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

**Alana Healthcare Pharmacy, LLC**

- \* is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;
- \* has paid all fees, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
- \* has filed the most recent corporation annual report required with this office;
- \* has appointed a registered agent and registered office in this State;
- \* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

  
Tre Hargett  
Secretary of State

Processed By: Nichole Hambrick

Phone 615-741-6488 \* Fax (615) 741-7310 \* Website: <http://tnbear.tn.gov/>