

M 120000000 25

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

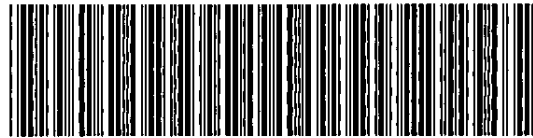
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

PAYMENT ^{W/} DATE
OK PER GH.
1/5/12

Office Use Only



800211096918

11/29/11--01003--019 **1230.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JAN -5 AM 10:34

B. KOHR

JAN - 6 2012

EXAMINER

CF 125.00
Admin 1,105.00



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 30, 2011

SHERRARD & ROE, PLC
ATTN: ELIZABETH E. MOORE, ESQ.
150 3RD AVE. SOUTH SUITE 1100
NASHVILLE, TN 37201

SUBJECT: HEALTHCARE ADVISORY SERVICES, LLC
Ref. Number: W11000060122

We have received your document for HEALTHCARE ADVISORY SERVICES, LLC and your check(s) totaling \$1230.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a foreign limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations. Therefore, the limited liability company must select an alternate name for use in the state of Florida. Also, please note that adding "of Florida" or "Florida" to the end of the name is not acceptable.

Please insert the alternate name in the space provided on the application form. You must also attach a copy of the written consent of the managers or managing members adopting the alternate name for Florida. For your convenience, we are enclosing a fill-in-the-blank form for you to complete and return to our office for processing.

The alternate name must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The word "Limited" may be abbreviated as "Ltd." and the word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC".

You must submit a copy of the written consent of the managers or managing members adopting the alternate name for Florida. For your convenience, we are enclosing a fill-in-the-blank form for you to complete and return to our office for processing.

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as

RECEIVED
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

12 JAN -5 PM 4:13

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12 JAN -5 AM 10:34

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DIVISION OF CORPORATIONS
12 JAN -5 AM 10:34

required by Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt
Regulatory Specialist II

Letter Number: 411A00026856

SHERRARD & ROE, PLC

ATTORNEYS AT LAW
150 3RD AVENUE SOUTH, SUITE 1100
NASHVILLE, TENNESSEE 37201
(615) 742-4200
FACSIMILE (615) 742-4539
WWW.SHERRARDROE.COM

JOHN G. (GABE) ROBERTS

WRITER'S DIRECT DIAL (615) 742-4571
GROBERTS@SHERRARDROE.COM

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JAN -5 AM 10:34

November 22, 2011

VIA CERTIFIED MAIL

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

Re: Healthcare Advisory Services, LLC

Dear Sir or Madam:

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check for filing fees in the amount of \$1,230 are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Elizabeth E. Moore, Esq.
Sherrard & Roe, PLC
150 3RD AVENUE SOUTH, SUITE 1100
NASHVILLE, TENNESSEE 37201
email: emoore@sherrardroe.com

For further information concerning this matter, please feel free to contact me at your convenience using phone number or email address above.

Sincerely,



John G. (Gabe) Roberts

JGR/llb
Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JAN -5 AM 10:34

SUBJECT: Healthcare Advisory Services, LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

John G. (Gabe) Roberts

Name of Person

Sherrard & Roe, PLC

Firm/Company

150 3rd Avenue South, Suite 1100

Address

Nashville, TN 37201

City/State and Zip Code

Groberts@sherrardroe.com

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

For further information concerning this matter, please call:

John G. (Gabe) Roberts

at (615) 742-4200

Name of Person

Area Code & Daytime Telephone Number

MAILING ADDRESS:

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

STREET ADDRESS:

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

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JAN -5 AM 10:34

DATE: 01-05-2012

NAME: HEALTHCARE ADVISORY SERVICES, LLC

**TYPE OF FILING: RESUBMIT APPLICATION BY FOREIGN LLC TO
TRANSACT BUSINESS IN FLORIDA**

COST: SEE ATTACHED LETTER FOR PAYMENT INFO

RETURN:

~~ACCOUNT: FCA000000015~~

~~AUTHORIZATION: ABIE PAUL HODGE~~

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JAN -5 AM 10:36

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

H.C.A.S. of Tennessee, 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. 20-225-9894
(FBI number, if applicable)

4. November 17, 2004
(Date of Organization)
5. Perpetual
(Duration: Year limited liability company will cease to exist or "perpetual")

6. January 1, 2006
(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 206 Fortress Blvd., Murfreesboro, TN 37218
(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:

Preston Sweeney, 206 Fortress Blvd., Murfreesboro, TN 37218

Eric Bell, 206 Fortress Blvd., Murfreesboro, TN 37218

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: To engage in any and all lawful business for which limited liability companies may be organized in Florida

Preston Sweeney
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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Preston Sweeney

Typed or printed name of signer

**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:

Healthcare Advisory Services, LLC

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

H.C.A.S. of Tennessee, LLC

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

NRAI Services, Inc.

(Name)

515 East Park Avenue

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

Tallahassee

FL 32301

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.

NRAI Services, Inc.

By: Gwendolyn Andrews

(Signature)

Gwendolyn Andrews, Special Assistant Secretary

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

**UNANIMOUS WRITTEN CONSENT OF THE MEMBERS
OF
HEALTHCARE ADVISORY SERVICES, LLC**

December 28, 2011

The undersigned, being all the Members of Healthcare Advisory Services, LLC, a Tennessee limited liability company (the "Company"), hereby waive notice of a meeting and vote for and adopt the following resolutions by unanimous written consent in lieu of meeting as permitted by Section 48-249-405 of the Tennessee Revised Limited Liability Company Act, as amended, which actions shall have the same force and effect as if duly adopted at a meeting:

WHEREAS, the name of the Company is "Healthcare Advisory Services, LLC" (the "Company Name");

WHEREAS, the Members have decided it to be in the best interests of the Company for the Company to be qualified to transact business in the State of Florida;

WHEREAS, in order to be qualified to transact business in the State of Florida as a foreign limited liability company, the Company must comply with the requirements of s. 608.406, F.S.;

WHEREAS, because the Company Name does not comply with the requirements of s. 608.406, F.S., the Members believe it to be in the best interests of the Company to adopt "H.C.A.S. of Tennessee, LLC" as the business name under which the Company will transact business in the State of Florida;

NOW, THEREFORE, BE IT RESOLVED, that the Members hereby approve and adopt the business name "H.C.A.S. of Tennessee, LLC" as the business name under which the Company will transact business in the State of Florida;

FURTHER RESOLVED, that any officer of the Company be, and each of them hereby is, empowered and directed to negotiate, execute, and deliver in the name and on behalf of the Company, any documents or agreements necessary or desirable to consummate the adoption of "H.C.A.S. of Tennessee, LLC" as the business name under which the Company will transact business in the State of Florida and all of the transactions contemplated thereby in all respects and otherwise give effect to the resolutions adopted hereby, each in such form as shall be approved by such officers upon the advice of counsel, and any and all related documents, and to take any and all further actions which such officers deem to be necessary or appropriate to consummate such transactions, all on such terms as such officers shall deem to be in the best interests of the Company, and with such changes therein as they shall deem necessary and advisable, with their execution thereof evidence of such approval, and the form and content of each such agreement as so modified is hereby ratified and approved.

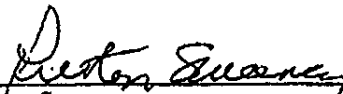
The Secretary of the Company is hereby directed to place this written consent in the appropriate order in the Minute Book of the Company. This written consent may be executed in counterparts, all of which taken together shall be deemed to constitute a single document.


[Signature Page Follows]

[Signature Page of Written Consent of the Members of Healthcare Advisory Services, LLC]

IN WITNESS WHEREOF, each of the undersigned, to evidence his consent to taking the foregoing actions by written instrument in lieu of a meeting, has hereunto set his hands and indicated his vote **FOR** the above-stated resolutions as of the date first written above.

MEMBERS:


Preston Sweeney


Eric Bell



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

SHERRARD & ROE, PLC
150 3RD AVE S STE 1100
NASHVILLE, TN 37201

October 4, 2011

Request Type: Certificate of Existence/Authorization
Request #: 0048582

Issuance Date: 10/04/2011
Copies Requested: 1

Document Receipt

Receipt #: 549405	Filing Fee:	\$20.00
Payment-Check/MO - SHERRARD & ROE, PLC, NASHVILLE, TN		\$20.00

Regarding: HEALTHCARE ADVISORY SERVICES, LLC

Filing Type: Limited Liability Company - Domestic

Formation/Qualification Date: 11/17/2004

Status: Active

Duration Term: Perpetual

Control #: 481400

Date Formed: 11/17/2004

Formation Locale: Rutherford 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

HEALTHCARE ADVISORY SERVICES, 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: Sheila Keeling