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| (Re                     | equestor's Name)       |
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| (Do                     | ocument Number)        |
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DATE: 02-15-2012

NAME: AHP GENPAR, LLC

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

COST: CK FOR \$125 ATTACHED

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AUTHORIZATION: ABBIETPAUL HODGE

#### **COVER LETTER**

|   | on of Corporations   |   |  |
|---|--|---|--|
| SUBJECT:  | Α  | HP GenPar, LLC  |  |
|   | N  | ame of Limited Liability Company  | <del></del>  |
| The enclosed ".<br>Existence, and   | Application by Foreign Limited Licheck are submitted to register the   | ability Company for Authorization to Transact E<br>above referenced foreign limited liability compa                               | Business in Florida," Certificate of any to transact business in Florida |
| Please return al  | Il correspondence concerning this  | natter to the following:  | 201i   |
|   | Capitol Services Corpo   | rate Filings Team   | NOTE TER   |
|   |  | Name of Person  |  |
|   | Capitol Services, Inc.   |   |  |
|   |  | Firm/Company  | 유렇 밖   |
|   | 800 Brazos, Suite 400  |   |  |
|   |  | Address   | •  |
|   | Austin, TX 78701   |   | <del></del>  |
|   |  | City/State and Zip Code   | Jake on the control of the party of                                      |
| jstlouis@advancedhealthcarepartners.com  E-mail address: (to be used for future annual report notification) |  | entered here will be  |  |
| For further info  | ormation concerning this matter, pl  | ease call:  | utilized for future<br>ANNUAL REPORT<br>NOTIFICATIONS!                   |
| •   | Gayle Windle   | at ( 800 ) 345-464  | 7  |
|   | Name of Person   | Area Code & Daytime Telephone Numb  |  |
| Divisi<br>Regist<br>P.O. B  | on of Corporations<br>ration Section<br>Box 6327<br>rassee, FL 32314   | STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 |  |
|   | a check for the following amo<br>00 Filing Fee \$\int_{\text{S130.00}} \text{Filing} \text{Certificate of S}\$ | Fee & \$155.00 Filing Fee & \$160.00  | Filing Fee, Certificate<br>& Certified Copy                              |

#### 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: AHP GenPar, 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.") Delaware (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) October 3, 2011 Perpetual (Duration: Year limited liability company will cease to (Date of Organization) exist or "perpetual") January 1, 2012 (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 201 E. Kennedy Blvd., Suite 325 Tampa, Florida 33602 (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: Jimmy St. Louis 201 E. Kennedy Blvd., Suite 325 Tampa, Florida 33602 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: Medical Consulting 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.) Jimmy St. Louis, Managing Member

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:                                   |                                 |          |
|--|---------------------------------|----------|
| AHP GenPar, LLC  |                                 |          |
| If unavailable, the alternate to be used in the state of Florida is:               | 201<br>745                      |          |
| 2. The name and the Florida street address of the registered agent and office are: | 2012 FEB 15                     | iir<br>F |
| Jimmy St. Louis  |                                 | m        |
| (Name)   | AM 9: 44<br>IF STATE<br>FLORIDA | C        |
| 201 E. Kennedy Blvd., Suite 325  | 専用 🏞                            |          |
| Florida Street Address (P.O. Box NOT ACCEPTABLE)                                   |                                 |          |
| Tampa <sub>FL</sub> 33602  |                                 |          |
| 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.

(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

PAGE 1

#### The First State

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

DELAWARE, DO HEREBY CERTIFY "AHP GENPAR, 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 FOURTEENTH DAY OF FEBRUARY, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AHP GENPAR, LLC" WAS FORMED ON THE THIRD DAY OF OCTOBER, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

5046421 8300

120165757

Jeffrey W. Bullock, Secretary of State

AUTHENTYCATION: 9363317

DATE: 02-14-12

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