(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Only State Light Holle II)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



200236221922

08/10/12--01002--802 **1205.00

C. LEWIS AUG 13 2012 **EXAMINER**

Jeff Sikes, R. Ph. Kay Vincent, RN, CRNI Michelle Reynolds, RN, CRNI



212 Northside Drive Valdosta, GA 31602 (229) 242-3060 Fax (229) 242-9914 1-800-482-8466

August 7, 2012

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

Re: 1st America Infusion Services, LLC

Dear Sirs:

Please find the enclosed application for a foreign limited liability company to transact business in Florida. Accompanying this letter, please find the following:

- 1. Original Certificate of Existence from the Georgia Secretary of State, dated July 23, 2012
- 2. Certificate of Designation of Registered Agent/Registered Office
- 3. Cover Letter
- 4. Appropriate Fees Check for \$1205.00

We spoke with a representative from your office to determine the fees and penalty associated with our Date first transacted business in Florida prior to registration. While our participation for patient services were limited and few, we wanted to fully disclose our situation and honestly answer all questions.

We apologize in advance for any misunderstanding on our part regarding the correct procedure for past dealings, but with your assistance in registering, we hope to be fully compliant in the future. I checked the website at www.sunbiz.org for our distinguishable LLC name and did not feel an alternate name was necessary.

If we have overlooked anything or you need any further information, please feel free to contact me at the address and phone number listed on the Cover Letter.

Most sincerely

Jeff Sikes, R.Ph.

COVER LETTER

1

Division of Corporations 1. Registration Section Division of Corporations
BJECT: 1ST AMERICA INFUSION SERVICES, LLC
Name of Limited Liability Company
e enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of istence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida
ease return all correspondence concerning this matter to the following:
JEFF SIKES Name of Person
Name of Person
IST AMERICA THEUSION SERVICES, LLC Firm/Company
Firm/Company
212 NORTHENDE DRIVE Address
Address
VALDOSTA GA 31602 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
r further information concerning this matter, please call:
TEGE SIKES at (229) 563-790 Name of Person Area Code & Daytime Telephone Number
Name of Person Area Code & Daytime Telephone Number
MAILING ADDRESS: STREET ADDRESS: Division of Corporations Division of Corporations
Registration Section Registration Section
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301
sclosed is a check for the following amount: \$\int\\$\$125.00 \text{Filing Fee} \text{\$\int\\$}\$130.00 \text{Filing Fee & Certificate of Status}\$\$ Certificate of Status \$\int\\$\$125.00 \text{Filing Fee & Certified Copy}\$\$ \$\int\\$\$160.00 \text{Filing Fee, Certified Copy}\$\$ \$\int\\$\$160.00 \text{Filing Fee, 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 FLIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	OREIGN
1	
1. 157 AMERICA INFUSION SERVICES, LC (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 consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liab Company," "L.L.C," "LLC.")	
2. Georgia (Jurisdiction under the law of which foreign limited liability) 3. 203733871 (FEI number, if applicable)	
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	-
4. 11.1-2005 (Date of Organization) 5. REFETUAL (Duration: Year limited liability company will cease to	
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")	_
6. JUNE 2008	_
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	
7. 212 NORTHSIDE DRIVE	7
VALOOSTA, GA 31602 THO THE STATE OF THE STAT	ED
(Street Address of Principal Office)	-
VALOOSTA, GA 31602 (Street Address of Principal Office) 8. If limited liability company is a manager-managed company, check here 8. Street Address of Principal Office)	
9. The name and usual business addresses of the managing members or managers are as follows:	
JEFF SIKES 212 NORTHEIDE DRIVE VALOUSTA GA 31602	.
	-
	_
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of re	cords 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: Home Admidisma	lion
OF DOCTOR ORDERED MEDICATION	
- Solve	
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.)	
JEFF JIKES	
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:		
1ST AMERICA INFUSION SERVICES, CLC		
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:		
LEE CHERRY (Name)	12 AUG 10 SECRETAR TALLARIASS	
6216 5W 93rd Avenue	GIO PH	FILED
Florida Street Address (P.O. Box NOT ACCEPTABLE) GAINESTICE FL 32608	M 2: 02 F STATE FLORID	_
City/State/Zip (32608)	- <i>></i> '''	

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.

\$ 100.00

(Signature)

Filing Fee for Application

\$ 25.00

Designation of Registered Agent

\$ 30.00

Certified Copy (optional)

\$ 5.00

Certificate of Status (optional)

Control No. 0572372

STATE OF GEORGIA

Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Drive Atlanta, Georgia 30334-1530

CERȚIFICATE OF EXISTENCE

I, Brian P. Kemp, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

1ST AMERICA INFUSION SERVICES, LLC

Domestic Limited Liability Company

was formed or was authorized to transact business on 11/01/2005 in Georgia. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 23rd day of July, 2012

B:Ph

Brian P. Kemp Secretary of State

Certification Number: 9222656-1 Reference: Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify.asp