

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

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Email	Address:			

Foreign Limited Liability Company Person on Call LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$155.00

Electronic Filing Menu Corporate Filing Menu

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11/7/2012

CT CORPORATION

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Person on Call LLC	
	Name of Limited Liability Company
The enclosed "Application by Foreign Existence, and check are submitted to	Limited Liability Company for Authorization to Transact Business in Florida," Certificate of register the above referenced foreign limited liability company to transact business in Plorida.
Please return all correspondence conce	erning this matter to the following:
Rebecca S. Hea	ath, Paralegal
	Name of Person
Hirschler Fleisc	ner
	Pirm/Company
P.O. Box 500	
	Address
Richmond, VA	23218-0500
	City/State and Zip Code
bheath@hf-law.t	
E-m	all address: (to be used for future annual report notification)
For further information concerning this	matter, please call;
Rebecca S. Heath	at (804) 771-5618
Name of Pe	rson Area Code & Daytime Telephone Number
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tailahassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the follows: \$125.00 Filing Fee \$130 Cent	wing amount: .00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Pee, Certificate of Status Certified Copy

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 LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Person on Call LLC	F 11	
(Name of Foreign Limited Liability Company; must in	clude "Limited Liability Company," C.L.C.,	or unc. ;
(If name unavailable, enter alternate name adopted for the pur consent of the managers or managing members adopting the a Company," "L.L.C," "L.C.")	pose of transacting business in Plorida and att liternate name. The alternate name must includ	ach a copy of the written e "Limited Liability
2. Delaware (Jurisilieton under the law of which foreign limited Hability company, is organized).	3. 26-1692472 (PEI number, if applicable)
4. 01/03/08	5. Perpetual	
(Date of Organization)	(Duration: Year finited tiabifity compa exist or "perpetual")	ny will cease to
6		
(Date first transacted business in (See sections 608.501 & 608.502 F	Florida, if prior to registration.) 5.S. to determine penalty liability)	FILE SERVICE S
7. 5500 Military Trali, #22-158, Jupiter, Florida	33458	<u> </u>
		一
(Street Addre	ess of Principal Office)	100-11
8. If limited liability company is a manager-manage	ed company, check here	ATE DRIDA
9. The name and usual business addresses of the ma	anaging members or managers are as fo	ollows:
Joseph C. Cassels, 5500 Military Trail, #22-	158, Jupiter, Florida 33458	·
10. Attached is an original certificate of existence, no more than 9 the jurisdiction under the law of which it is organized. (A photoo translation of the certificate under oath of the translator must be su	opy is not acceptable. If the certificate is in a for	
11. Nature of business or purposes to be conducted or	r promoted in Florida:	
provider of medical software		
LCC		——————————————————————————————————————
	thorized representative of a member.	
(In accordance with section 608.408(3), F.S., the exec penulties of perjury that the facts stated herein are tra	sution of this document constitutes an affirmation unc	ler tho
document to the Department of State constitutes	s a third degree felony as provided for in \$.817.1	. 55, F.S.)
	C. CASSEUS	•
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:			
Person on Call LLC				
If unavailable, the alternate to be used	in the state of Florida is:			
2. The name and the Florida street add	dress of the registered agent and office a	re:		
Joseph C. Cassels		12 NOV		
	(Name)	A		
5500 Military Trail, #		ASSE ASSE		
Florida Street Address (P.O. Box NOT ACCEPTABLE)				
Jupiter	_{FL} 33458	FLOR STA		
	City/State/Zip	ATE ORIDA		

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 "PERSON ON CALL 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 SEVENTH DAY OF NOVEMBER, A.D. 2012.

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

5234826 8300

121202352

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

AUTHENTY CATION: 9967711

DATE: 11-07-12

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