

m13000000000

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

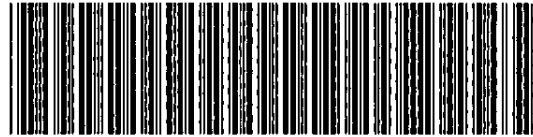
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/31/12--01032--025 **130.00

FILED
2018 JAN 30 PM 1:05
SECRETARY OF STATE
TALLAHASSEE FLORIDA

JAN 31 2012

D. BRUCE

m130000000458

NEXSEN | PRUET

Larkin B. Ellzey
Associate
Admitted in SC

January 29, 2013

VIA UNITED PARCEL SERVICE

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

Re: Allied Health Resources, LLC
Ref. Number: W13000000458
Letter No. 613A00000139

FILED
2013 JAN 30 PM 1:05
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Dear Ms. Bruce:

I am enclosing the completed Certificate of Designation of Registered Agent/Registered Office, together with the Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida pursuant to your above-referenced letter.

Please let me know if you need any additional information. Thank you for your time.

Very truly yours,

Larkin B. Ellzey

LBE:ap
Enclosures

Charleston

Charlotte

Columbia

Greensboro

Greenville

Hilton Head

Myrtle Beach

Raleigh



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 3, 2013

BERNARD ROSS
6350 REGENCY PARKWAY, SUITE 500
NORCROSS, GA 30071

SUBJECT: ALLIED HEALTH RESOURCES, LLC
Ref. Number: W13000000458

FILED
2013 JAN 30 PM 1:05
SECRETARY OF STATE
TALLAHASSEE FLORIDA

We have received your document for ALLIED HEALTH RESOURCES, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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 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) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 613A00000139

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Allied Health Resources, 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:

Bernard Ross

Name of Person

Allied Health Resources, LLC

Firm/Company

6350 Regency Parkway, Suite 500

Address

Norcross, GA 30071

City/State and Zip Code

bross@ahrcares.com

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

For further information concerning this matter, please call:

Larkin B. Ellzey

Name of Person

803

Area Code & Daytime Telephone Number

540-2039

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2018 JAN 30 PM 1:05

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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. Allied Health Resources, LLC

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

n/a

(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. South Carolina

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

3. 57-1126426

(FEI number, if applicable)

4. 04/04/2002

(Date of Organization)

5. Perpetual

(Duration: Year limited liability company will cease to exist or "perpetual")

6. n/a

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

7. 6350 Regency Parkway, Suite 500

Norcross, GA 30071

(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:

Bernard Ross

6350 Regency Parkway, Suite 500

Norcross, GA 30071

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: Leasing of
medical equipment and supplies


Signature of a member or an authorized representative of a member.

12/10/12

(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.)

Bernard Ross

Typed or printed name of signee

2013 JAN 30 PM 1:05
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

**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:

Allied Health Resources, LLC

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:

C T Corporation System

(Name)

1200 South Pine Island Road

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

Plantation

FL

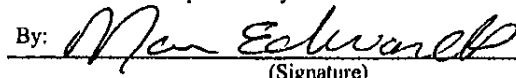
33324

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.

C T Corporation System

By:



(Signature)

Marie Edwards Asst. Secretary

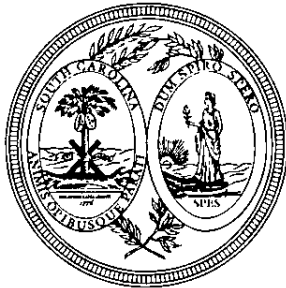
\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

SECRETARY OF STATE
TALLAHASSEE FLORIDA

2013 JAN 30 PM 1:05

FILED

The State of South Carolina



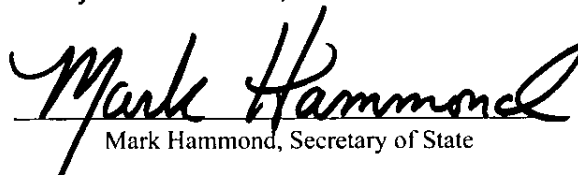
Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

ALLIED HEALTH RESOURCES, LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on April 4th, 2002, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great
Seal of the State of South Carolina this
19th day of December, 2012.


Mark Hammond, Secretary of State