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(Requestor's l	Name)
(Address)	
(Address)	
(City/State/Zip	5/Phone #)
PICK-UP W	AIT MAIL
(Business En	tity Name)
(Document No	umber)
Certified Copies Cert	tificates of Status
Special Instructions to Filing Office	cer:

Office Use Only



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05/31/13--01006--005 **638.75

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FLORIDA DEPARTMENT OF STATE Division of Corporations

Division of C

SusieKnight 050

900 NO TH LOOP WEST, STE 1300

HOUSTON, TX 7/1092

August 29, 2012

SUBJECT: BRAVO HEALTH, LLC

Ref. Number: W12000044891

Talease give original

rease give original ression date as file date.

Tommi Place callne y there are an

We have received your document for BRAVO HEALTH, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s): A150 C SCK FORF 633.

In order to convert a Florida entity must be involved. Both of these companys are out of state so no conversion can be filed. A withdrawal must be filed to withdraw the corporation. Once the withdrawal has been filed the new entity can be formed.

We are enclosing the proper form(s) with instructions for your convenience.

A certificate of existence or a certificate of good standing, dated no more than 90 stays prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Tammi Cline Regulatory Specialist II

Letter Number: 112A00022092



VIA FEDERAL EXPRESS

August 24, 2012

Florida Department of State

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

FILING REQUEST

Re: Filing of Withdrawal & Qualification due to Conversion [Bravo Health, Inc. Converted to Bravo Health, LLC]

Dear Sir/Madam:

Bravo Health, Inc. ("BHI") is a Delaware corporation that has qualified to do business in your state. Effective December 31, 2011, BHI converted from a corporation into a limited liability company, Bravo Health, LLC ("BH, LLC). Please file the enclosed instruments:

- 1. Application by Foreign Corporation for Withdrawal of Authority to Transact Business or Conduct Affairs in Florida;
- 2. Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida; and
- 3. Certificate of Designation of Registered Agent / Registered Office

Enclosed is the required check to cover related filing fees in the total amount of \$160.00.

Please file the enclosed documents and return a file stamped copy for our files. Thank you in advance for your expeditious handling of this request. Should you have any questions, please do not hesitate to contact me directly at 832-553-3596.

Sincerely,

Danna White

Corporate Paralegal Legal Team

Danna White

Enclosures

COVER LETTER

TO:	Application / Great Registration Section
	Division of Corporations

SUBJECT: BRAVO HEALTH, LLC		
Name of Limited Liability Company		
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Existence, and check are submitted to register the above referenced foreign limited liability company to transact business.		
Please return all correspondence concerning this matter to the following:		
TERESA R.J. JORDAN, GENERAL COUNSEL OF OPS.	•	
Name of Person		
BRAVO HEALTH	~.3	
Firm/Company	<u>표</u> 교	
2900 NORTH LOOP WEST, STE, 1300 ☆⊣ ☆	悪い	2 } 20 1 2 20 12
Address		familian t
HOUSTON, TX 77092	强变	kare org
City/State and Zip Code	hh :6	
TJordan@gulfquest.net		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Danna White, Corp. Paralegal at (832) 553-3596		
Name of Person Area Code & Daytime Telephone Number		
MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301		
Enclosed is a check for the following amount: \$\sigma \frac{1}{3}\$125.00 Filing Fee \text{ S130.00 Filing Fee & Certificate of Status} \$\sigma \frac{1}{3}\$155.00 Filing Fee \text{ Certified Copy} \$\sigma \frac{1}{3}\$160.00 Filing Fee, Certified Copy	e	



ACCOUNT	NO. :	1200000001	.95		
REFERE	NCE :	668336	7809982		
AUTHORIZAT	'ION :				
COST LI	MIT :	\$ PPD			
ORDER DATE : May 30, 2013					
ORDER TIME : 2:54 PM					
ORDER NO. : 668336-005					
CUSTOMER NO: 7809982					
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FOREI	GN FILI	NGS	3	is control to the con	
NAME: BRAVO HEA	TLH, LL	oC	·	MAY 30	The second secon
XXXX QUALIFICATION (TYP	E: <u>LL</u>)			WORSTAR 14 6 PM	
PLEASE RETURN THE FOLLOWIN	G AS PR	OOF OF FILI	NG:		
XX CERTIFIED COPY PLAIN STAMPED COPY XX CERTIFICATE OF GOO		ING			
CONTACT PERSON: Susie Kni	ght	EXT# 52956			
		EXAMINER:			

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 HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

\mathcal{U}	IMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:		
1.	Bravo Health, LLC		
	(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.,"	or**LLC.**)	
co	f name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and atta onsent of the managers or managing members adopting the alternate name. The alternate name must include ompany," "LLC," "LLC,")	oh a copy o "Limited I	f the writte
	Delaware Qurisdiction under the law of which foreign limited liability company is organized). 3	,	
À.	07-30-1998 5 Perpetual		
••	(Date of Organization) (Duration: Year limited liability comparents or "perpetual")	y will ceas	e to
6.	08/29/2012		
٠,٠	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)		~?
	3601 O'Donnell St.	产经	74HE102
7.	3001 O Donnett 3t.	2-10	724-
	Baltimore, MD 21224	줐	بـــ دن
	(Street Address of Principal Office)	83	- 왕
8.	If limited liability company is a manager-managed company, check here	<u> </u>	变 9.
:9:.	The name and usual business addresses of the managing members or managers are as fo NewQuest, LLC, a Texas limited liability company	llows	F
	2900 North Loop West, Ste. 1300		
	Houston, TX 77092.		
the	Autached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having inside the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a forestation of the certificate under oath of the translator must be submitted.)		
7-1.	. Nature of business or purposes to be conducted or promoted in Florida: For the pur	oose of	
	transacting any and all lawful business		
	XX -		
	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 of		
	penalties of perjury that the facts stated herein are true. I am aware that any false information submiddle deciment to the Department of State constitutes a third degree felony as provided for in s.81		i
	Mark Tulloch, VP & Secretary	•	

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:	
Corporation Service Company	
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:	SECULTARY 30
Corporate Service Company	36
(Name)	1-1-6
1201 Hays Street Florida Street Address (P.O. Box NOT ACCEPTABLE)	10407473 114 6 W
Tallahassee, FL 32301-2525	∵
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.

Sonya L. Cordell Assistant VP (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 "BRAVO HEALTH, 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 THIRTIETH DAY OF MAY, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BRAVO HEALTH, LLC" WAS FORMED ON THE FIFTH DAY OF JUNE, A.D. 1995.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

2513080 8300

130695007

5007 DATE: 05-30-13

AUTHENTY CATION: 0469331

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