

✓
M13000008157

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

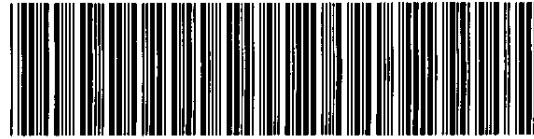
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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12/30/13--01003--013 **1318.75

RECEIVED
RECORDS OF STATE
OFFICE OF CORPORATION
2013 DEC 30 AM 11:27 AM
10:00 AM
SUFFICIENCY OF FILING
FALL 11:00 AM

B. BOSTICK

DEC 31 2013

EXAMINER

CT Corporation System

December 30, 2013

Department of State, Florida
Clifton Building
2611 Executive Center Circle
Tallahassee FL 32301

Re: Order #: 9001044 SO
Customer Reference 1: None Given
Customer Reference 2:

Dear Department of State, Florida :

Please obtain the following:

PRN Medical Services, LLC (DE)
Registration
Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092 . Thank you very much for your help.

Sincerely,

Connie R Bryan
Senior Fulfillment Specialist
Connie.Bryan@wolterskluwer.com

2611 DEC 30 AM 10:16
TALLAHASSEE, FL 32301

CR2B027 (9/10)

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PRN Medical Services, 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:

Natalie Franklin

Name of Person

PRN Medical Services, LLC

Firm/Company

2811 W. Utopia Rd.

Address

Phoenix, AZ 85027

City/State and Zip Code

pvadovicky@symbiusmedical.com

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

For further information concerning this matter, please call:

Natalie Franklin

Name of Person

at (623) 780-8284

Area Code & Daytime Telephone Number

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

**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. PRN Medical Services, 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.")

2. Delaware

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

3. 26-2334644

(FBI number, if applicable)

4. 04/03/2008

(Date of Organization)

5. Perpetual

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

6. 04/03/2008

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

7. 2311 W. Utopia Road, Phoenix, AZ 85027

(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:

SEE ATTACHMENT

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: _____

Delivery and distribution of medical supplies and products


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.)

Eric Dwight Knox

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:

PRN Medical Services, 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: Maria Ozaeta

(Signature)

Maria Ozaeta
Vice President

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

**PRON MEDICAL SERVICES, LLC, d/b/a SYMBIUS MEDICAL LLC,
STATEMENT OF OWNERSHIP**

2014 DEC 30 AM 10:16

SYMBIUS MEDICAL, LLC							
PRON Medical Services, LLC							
22911 W. Linn Rd Phoenix, AZ 85027 Phone: (602) 780-4808 Toll: 28-223-4444							
PRON Medical Services, LLC d/b/a Symbius Medical, LLC is 100% owned by PRON Medical Services, LLC							
Name	Title	Home Address	City, State, Zip	Phone Number	Date of Birth	Partial Security Number	
Lamonts Hwy	CEO	1827 E. Elwood Street, Suite 100	Phoenix, AZ 85027	(602) 287-4807	10/29/1958	000-00-0000	
2011 W. Linn Rd	President/CEO	27421 N. 19th Ave, Suite 100	Phoenix, AZ 85024	(602) 780-4808	10/29/1958	000-00-0000	
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2011 W. Linn Rd	CEO	27421 N. 19th Ave, Suite 100	Phoenix, AZ 85024	(602) 780-4808	10/29/1958	000-00-0000	

PRON Medical Services, LLC d/b/a Symbius Medical, LLC
The Corporate Trust Company
1200 Orange Street
Washington, DC 20001

PRON Medical Services, LLC d/b/a Symbius Medical, LLC
The Corporate Trust Company
1200 Orange Street
Washington, DC 20001

Name	Title	Address	City, State, Zip	Phone Number	Date of Birth	Date of Birth	Partial Security Number
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Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PRN MEDICAL SERVICES, 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 TWENTY-SIXTH DAY OF DECEMBER, A.D. 2013.

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

DECEMBER 26 2013
10:16 AM

4528649 8300

131478752

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




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 1014889

DATE: 12-26-13