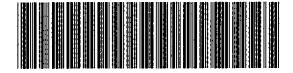
14000001983

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		:

Office Use Only



900258172809

03/24/14--01043--010 **130.00

2014 MAR 24 PM 12: 13

MAR 2 5 2014 D. BRUCE

COVER LETTER

TO:

Registration Section Division of Corporations

TURNINGPOINT HEALTHCARE SOLUTIONS, LLC

SUBJECT:

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...

Alexis Mayor	Name of Person		_	
	Name of Person			
PBY&A				
	Firm/Company		_	
1000 Brickell A	venue, Suite 600			
	Address		_	
Miami, FL 3313	31	TALE BACK	2014	
	City/State and Zip Code	23	HAR	T.
amayor@pbyalaw.com		SS	R 24	-
E-mail address	s: (to be used for future annual report notification)	86	 	
For further information concerning this matter, plea	ase call:	10日	PM 12:	A SAME
Alexis Mayor	_{at} 305 377-0086	AUN.	ဩ	
Name of Contact Person	Area Code Daytime Telephone	Number	_	
MAILING ADDRESS: Division of Corporations	STREET ADDRESS: Division of Corporations			
Registration Section P.O. Box 6327	Registration Section Clifton Building			
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301			

Certified Copy

of Status & Certified Copy

Certificate of Status

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

TURNINGPOINT HEALTH	HCARE SOLUTIONS, LLC ity Company; must include "Limited Liability Company," "L.	I C " over I C "
(Name of Poleign Emined Emoni	rcy Company, must include Emilied Elability Company, 12.	L.C., OF LLC.)
name unavailable, enter alternate name adop bility Company," "L.L.C," or "LLC.")	oted for the purpose of transacting business in Florida. The alt	ernate name must include "Limited
Delaware	3.	
Jurisdiction under the law of which foreign company is organized)	limited liability (FEI number,	if applicable)
(Date firs (See section	st transacted business in Florida, if prior to registration.) s 605.0904 & 605.0905, F.S. to determine penalty liability)	
59 Skyline Drive, Sui	te 1100, Lake Mary, FL 32746	
	(Street Address of Principal Office)	
59 Skyline Drive, Suit	te 1100, Lake Mary, FL 32746	AH TO
		24 \$388
	(Mailing Address)	7 3 11
. The name, title or canacity and	address of the person(s) who has/have authorit	as so
·	Address: 59 Skyline Drive, Suite 1100, La	
Tallager, MICHAEL LTNOH A		
lanager: ERIC S PEZZI Add	dress: 59 Skyline Drive, Suite 1100, La	ke Mary, FL 32746
- Wards - Ward		·
Attached is an original certificate	e of existence, no more than 90 days old, duly a	authenticated by the officia
	isdiction under the law of which it is organized	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	foreign language, a translation of the certificate	e under oath of the translate
iust be submitted)		
	Signature of an althorized person	
	ution of this document constitutes an affirmation under the penalties	of parium, that the feats stated barnin ar

MICHAEL LYNCH

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), 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:

TURNINGPOINT HEALTHCARE SOLUTIONS, 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:

PBYA CORPOR	RATE SERVICES, LLC			
(Name)		A	2014	
200 S Andrews Ave, Suite 600		5. 新斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯	MAR	-
Florida Street Address (P.O. Box NOT ACCEPTABLE)			24	-
Fort Lauderdale	FL 33301	OF STA	PH 12:	M
City/State/Zip			$\overline{\omega}$	rill dods a

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 605, Florida Statutes.

\$ 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 "TURNINGPOINT HEALTHCARE SOLUTIONS,

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 FOURTEENTH DAY OF MARCH,

A.D. 2014.

2014 MAR 24 PM 12: 13

5477208 8300

140333877

Jeffrey W. Bullock, Secretary of State

AUTHENT CATION: 1208967

DATE: 03-14-14

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