

711400000043/9

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



PICK-UP



WAIT



MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

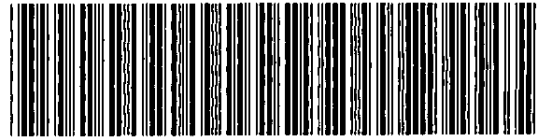
Special Instructions to Filing Officer:

JUN 19 2016

A. LUNT

W14-3752

Office Use Only



800259470138

RECEIVED
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

28 JUN 17 AM 9:10

14 JUN 17 PM 4:11

RECEIVED
DEPARTMENT OF STATE

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 18, 2014

CSC
ATTN: EMILY GRAY

SUBJECT: DISTINCTIVE SPRCTRM HEALTHCARE JOINT VENTURE, LLC
Ref. Number: W14000037952

We have received your document for DISTINCTIVE SPRCTRM HEALTHCARE JOINT VENTURE, LLC and the authorization to debit your account in the amount of \$125.00. However, the document has not been filed and is being returned for the following:

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

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.

Agnes Lunt
Regulatory Specialist II

Letter Number: 814A00013193



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 180107 7182683

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE : June 17, 2014

ORDER TIME : 2:0 PM

ORDER NO. : 180107-005

CUSTOMER NO: 7182683

FILED
2014 JUN 17 AM 9:11
FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE

FOREIGN FILINGS

NAME: DISTINCTIVE SPECTRUM
HEALTHCARE JOINT VENTURE, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Gray -- EXT# 62925

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Distinctive Spectrum Healthcare Joint Venture, 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:

Kelly Greaney

Name of Person

Firm/Company

265 Brookview Centre Way, Suite 400

Address

Knoxville, TN 37919

City/State and Zip Code

kelly_greaney@teamhealth.com

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

2014 JAN 17 AM 9:11

FILED

For further information concerning this matter, please call:

Kelly Greaney

Name of Contact Person

865

Area Code

693-1000

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 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A
FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. Distinctive Spectrum Healthcare Joint Venture, 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. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Delaware

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

3. 45-3781584

(FEI number, if applicable)

4. _____

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 2711 Centerville Road, Suite 400

Wilmington, DE 19808

(Street Address of Principal Office)

6. Attn: Legal Dept., 265 Brookview Centre Way, Suite 400

Knoxville, TN 37919

(Mailing Address)

7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

George Tracy, 12647 Olive Blvd., Suite 600, St. Louis, MO 63141 , MANAGER

Paul Komeiji, 3375 Koapaka St., Suite C-335, Honolulu, HI 96819 , MANAGER

8. 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)

John R. Stair

Digitally signed by John R. Stair
DN: cn=John R. Stair, o=ew,
email=kelly_granville@dreamhealth.com c=US
Date: 2014.06.17 13:23:02 -0400

Signature of an authorized person

(In accordance with section 605.0203, 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.)

John R. Stair

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:

Distinctive Spectrum Healthcare Joint Venture, 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:

Corporation Service Company

(Name)

1201 Hays Street

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

Tallahassee

32301

FL

City/State/Zip

CLERK OF STATE
TALLAHASSEE, FLORIDA

2014 JUN 17 AM 9:11

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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.

Corporation Service Company

By: Emily Hay Asst 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 "DISTINCTIVE SPECTRUM HEALTHCARE JOINT VENTURE, 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 SEVENTEENTH DAY OF JUNE, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DISTINCTIVE SPECTRUM HEALTHCARE JOINT VENTURE, LLC" WAS FORMED ON THE EIGHTH DAY OF NOVEMBER, A.D. 2011.

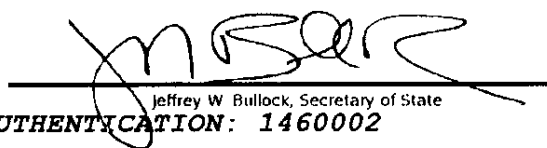
AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

5063083 8300

140847906

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




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 1460002

DATE: 06-17-14