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Florida Department of State
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DIVISION OF CORPORATIONS
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**Foreign Limited Liability Company
ECI HP E-Health (TN), PLLC, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$125.00

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DIVISION OF STATE
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ECI HP E-Health (TN), PLLC, 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:

Lisa M. Kaderabek

Name of Person

McDermott Will & Emery LLP

Firm/Company

227 West Monroe Street

Address

Chicago, IL 60606

City/State and Zip Code

mburnheimer@bc-legal.com

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

For further information concerning this matter, please call:

Lisa Kaderabek

Name of Contact Person

312

at (

Area Code

984-7649

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. ECI HP E-Health (TN), PLLC, L L C

(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. Tennessee

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

3. 47-1895068

(FBI 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. 4110 Copper Ridge Drive, Suite 204

Traverse City, MI 49684

(Street Address of Principal Office)

6. 4110 Copper Ridge Drive, Suite 204

Traverse City, MI 49684

(Mailing Address)

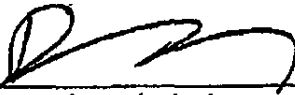
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Derik K. King, M.D., Member

4110 Copper Ridge Drive, Suite 204

Traverse City, MI 49684

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)


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.)

Derik K. King, M.D., Member

Typed or printed name of signer

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 14 OCT -2 PM 2:25
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

**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:

ECI HP E-Health (TN), PLLC, 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:

CT Corporation System

(Name)

1200 South Pine Island Road

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

Plantation

33324

FL
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 605, Florida Statutes.

Megan Morrison
(Signature)

Megan Morrison
Assistant Secretary

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



STATE OF TENNESSEE
Tre Hargett, Secretary of State
 Division of Business Services
 William R. Snodgrass Tower
 312 Rosa L. Parks AVE, 6th FL
 Nashville, TN 37243-1102

CFS
 SUITE B
 992 DAVIDSON DRIVE
 NASHVILLE, TN 37205

September 29, 2014

Request Type: Certificate of Existence/Authorization
Request #: 0140297

Issuance Date: 09/25/2014
Copies Requested: 1

Document Receipt

Receipt # : 1652648	Filing Fee:	\$20.00
Payment-Check/MO - CFS, NASHVILLE, TN		\$60.00
Deposit-Account - CFS, NASHVILLE, TN		\$40.00

Regarding: ECI HP E-Health (TN), PLLC
Filing Type: Limited Liability Company - Domestic
Formation/Qualification Date: 09/19/2014
Status: Active
Duration Term: Perpetual
Business County:

Control # : 772271
Date Formed: 09/19/2014
Formation Locale: TENNESSEE
Inactive Date:

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

ECI HP E-Health (TN), PLLC

- * is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;
- * has paid all fees, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
- * has appointed a registered agent and registered office in this State;
- * has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett
 Tre Hargett
 Secretary of State

Processed By: Nichole Hambrick

Verification #: 008852327