

M150000004621

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

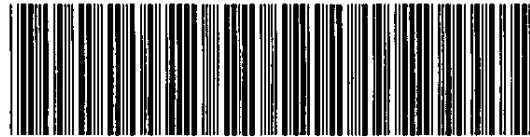
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900273034539

05/19/15--01021--006 **125.00

06/15/15--01002--001 **638.75



FILED
2015 JUN 12 A 8:44
TALLAHASSEE, FLORIDA

FILED

JUN 15 2015

T SCHROEDER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 20, 2015

LISHA FALK
200 CORPORATE BLVD
LAFAYETTE, LA 70508

SUBJECT: SUBSIDIUM HEALTHCARE, LLC
Ref. Number: W15000035715

We have received your document for SUBSIDIUM HEALTHCARE, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report/uniform business report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report/uniform business report and penalty fees is \$638.75.

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.

Terri J Schroeder
Regulatory Specialist II

Letter Number: 915A00010635

RECEIVED
15 JUN 12 PM 3:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Subsidium Healthcare, 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:

Lisha Falk

Name of Person

Schumacher Group

Firm/Company

200 Corporate Blvd.

Address

Lafayette, LA 70508

City/State and Zip Code

corporations@schumachergroup.com

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

For further information concerning this matter, please call:

Cindy Broussard

337 521-2805
at ()

Name of Contact Person

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 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:

1. Subsidiary Healthcare, 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. Georgia 3. 61-1649153
(Jurisdiction under the law of which foreign limited liability (FBI number, if applicable)
company is organized)

4. 11/18/2014
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 200 Corporate Blvd., Lafayette, LA 70508
(Street Address of Principal Office)

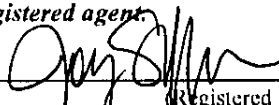
6. P. O. Box 82368, Lafayette, LA 70598-2368
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System
Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(City) (Zip code)

Registered agent's acceptance:

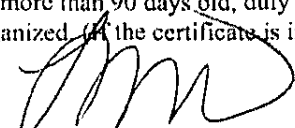
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in
this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply
with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept
the obligations of my position as registered agent.

 Joy Schroeder
Assistant Secretary
(Registered agent's signature)

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

See attached

9. Attached is a 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. 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.)

Lisha Falk, Authorized Representative

Typed or printed name of signee

FILED
2015 JUN 12 A 8:45
CLERK OF STATE
TALLAHASSEE, FLORIDA

Subsidium Healthcare, LLC

May 12, 2015

Richard D'Amaro	Authorized Representative	200 Corporate Blvd., Lafayette, LA 70508
Randal L. Pilgrim, MD	Authorized Representative	200 Corporate Blvd., Lafayette, LA 70508
James Guidry, Jr.	Authorized Representative	200 Corporate Blvd., Lafayette, LA 70508
Thomas Dolan	Authorized Representative	200 Corporate Blvd., Lafayette, LA 70508
Lisha C. Falk	Authorized Representative	200 Corporate Blvd., Lafayette, LA 70508
Rena Cottam	Authorized Representative	200 Corporate Blvd., Lafayette, LA 70508
Mechelle Frazier	Authorized Representative	200 Corporate Blvd., Lafayette, LA 70508
Ryan Domengeaux	Authorized Representative	200 Corporate Blvd., Lafayette, LA 70508
Rick Kramer	Authorized Representative	200 Corporate Blvd., Lafayette, LA 70508
Robert Wagner, MD	Authorized Representative	200 Corporate Blvd., Lafayette, LA 70508
Bruce Adler	Authorized Representative	200 Corporate Blvd., Lafayette, LA 70508
Jay Backstrom	Authorized Representative	200 Corporate Blvd., Lafayette, LA 70508
Linus Diedling	Authorized Representative	200 Corporate Blvd., Lafayette, LA 70508
Lisa Fry	Authorized Representative	200 Corporate Blvd., Lafayette, LA 70508
Marcia McCoy	Authorized Representative	200 Corporate Blvd., Lafayette, LA 70508
Brad Guest	Authorized Representative	200 Corporate Blvd., Lafayette, LA 70508
Aimee Bertrand	Authorized Representative	200 Corporate Blvd., Lafayette, LA 70508
Christopher Cotteleer	Authorized Representative	200 Corporate Blvd., Lafayette, LA 70508
Vicky Romero	Authorized Representative	200 Corporate Blvd., Lafayette, LA 70508
Jonathan Cary	Authorized Representative	200 Corporate Blvd., Lafayette, LA 70508

FILED
2015 JUN 12 A 8:45
CLERK OF COURT
JUDICIAL DISTRICT NO. 10
LAFAYETTE, LOUISIANA

STATE OF GEORGIA

Secretary of State
Corporations Division
313 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CONTROL NUMBER : 11039643
DATE INC/AUTH/FILED : May 20, 2011
JURISDICTION : Georgia
PRINT DATE : May 12, 2015

CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

SUBSIDIUM HEALTHCARE, LLC
A Domestic Limited Liability Company

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



A handwritten signature in black ink, appearing to read "B: P. Kemp".

Brian P. Kemp
Secretary of State