

M15000 007413

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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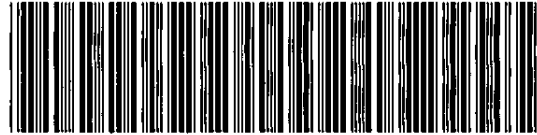
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SEP 17 AM 7:41
CLERK OF STATE
TALLAHASSEE, FLORIDA

SEP 18 2015
J SHIVERS

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 787555 7548888

AUTHORIZATION :



COST LIMIT : \$ 125.00

ORDER DATE : September 17, 2015

ORDER TIME : 10:51 AM

ORDER NO. : 787555-005

CUSTOMER NO: 7548888

FOREIGN FILINGS

NAME: NATIONAL HEALTH CARE
PROVIDERS, 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: Melissa Zender -- EXT# 62956

EXAMINER: _____

**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. The name of the foreign limited liability company is National Health Care Providers, LLC.
2. The foreign limited liability company was organized in the State of Delaware.
3. The Federal Employer Identification Number (if applicable) of the foreign limited liability company is 47-2084444.
4. The date of organization of the foreign limited liability company is September 10, 2014.
5. The duration of the foreign limited liability company is perpetual.
6. The date the foreign limited liability company first transacted business in Florida is the date upon which this application is filed with the Florida Department of State.
(if prior to registration, see Sections 608.501 & 608.502 F.S. to determine penalty liability)
7. The street address of the principal office and mailing address of the foreign limited liability company is 2540 Green Forest Lane, Suite 101, Lutz, Florida 33558.
8. The foreign limited liability company is member-managed.
9. The name and usual business address of the member are as follows:

James I. Okoh, M.D., CEO
2540 Green Forest Lane, Suite 101
Lutz, Florida 33558
10. Nature of business or purposes to be conducted or promoted in Florida: Any and all lawful business permitted in the State of Florida.
11. 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. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted).


Brian K. Wright, Authorized Representative

RECEIVED
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15 SEP 17 AM 7:41

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 OR 605.0902, 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 National Health Care Providers, LLC.
2. The name and the Florida street address of the registered agent and office are:

James I. Okoh, M.D., CEO
2540 Green Forest Lane, Suite 101
Lutz, Florida 33558

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.



James I. Okoh, Registered Agent

15 SEP 17 AM 7:41
JAMES I. OKOH
REGISTERED AGENT
FLORIDA SECRETARY OF STATE

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NATIONAL HEALTH CARE PROVIDERS, 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 TENTH DAY OF SEPTEMBER, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NATIONAL HEALTH CARE PROVIDERS, LLC" WAS FORMED ON THE TENTH DAY OF SEPTEMBER, A.D. 2014.

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

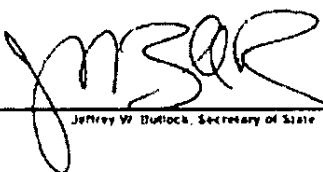
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SECRETARY OF STATE
DELAWARE



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SR# 20150082783

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


Jeffrey W. Bullock, Secretary of State

Authentication: 10029686

Date: 09-10-15