

M16000003543

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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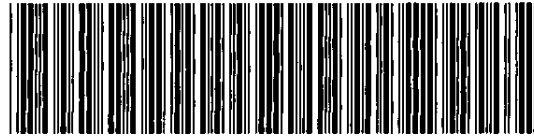
(Business Entity Name)

(Document Number)

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1. PatientPoint Hospital Solutions, LLC
(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PATIENTPOINT HOSPITAL SOLUTIONS, 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:

Name of Person
Registered Agent Solutions, Inc.
Firm/Company
1701 Directors Blvd Suite 300
Address
Austin TX 78744
City/State and Zip Code
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Name of Contact Person at (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
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. **PATIENTPOINT HOSPITAL SOLUTIONS, 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. **Ohio**

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

3. **71-0496613**

(FEI number, if applicable)

4. **Upon approval**

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

5. **11408 Ottercreek South**

Mabelvale AR 72103

(Street Address of Principal Office)

6. **11408 Ottercreek South**

Mabelvale AR 72103

(Mailing Address)

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

See Attached List

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.)

Pat O'Brien

Typed or printed name of signee

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PERSONS WHO HAVE AUTHORITY TO MANAGE

Julian Mack – Director - 11408 Ottercreek South, Mabelvale AR 72103

Andrew C. Taub – Director - 11408 Ottercreek South, Mabelvale AR 72103

Michael R. Collette – Director - 11408 Ottercreek South, Mabelvale AR 72103

Mark Grabowski – Director - 11408 Ottercreek South, Mabelvale AR 72103

Thomas McGuinness – Director - 11408 Ottercreek South, Mabelvale AR 72103

Thomas McGuinness – Chairman - 11408 Ottercreek South, Mabelvale AR 72103

Chris Martini - President and CEO - 11408 Ottercreek South, Mabelvale AR 72103

Gregory Robinson - President and CEO - 11408 Ottercreek South, Mabelvale AR 72103

Patrick O'Brien - Corporate Secretary - 11408 Ottercreek South, Mabelvale AR 72103

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**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:

PATIENTPOINT HOSPITAL 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:

Registered Agent Solutions, Inc.

(Name)

155 Office Plaza Dr. Suite A

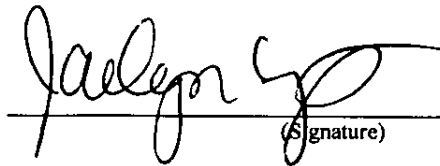
Florida Street Address (P.O. Box NOT ACCEPTABLE)

Tallahassee

FL 32301

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.



Jaclyn Wright, Asst. Secretary

(Signature)

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

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UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show PATIENTPOINT HOSPITAL SOLUTIONS, LLC, an Ohio For Profit Limited Liability Company, Registration Number 1823236, was organized within the State of Ohio on January 1, 2009, is currently in FULL FORCE AND EFFECT upon the records of this office.

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*Witness my hand and the seal of the
Secretary of State at Columbus, Ohio
this 2nd day of May, A.D. 2016.*

Jon Husted

Ohio Secretary of State

Validation Number: 201612302976