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(Business Entity Name)

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Special Instructions to Filing Officer:

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W16-35599 PLLC + Not Avail

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05/06/16--01020--011 **125.00

16 MAY 25 AM 7:39
STATE OF ILLINOIS
HALL AMBASSADOR UNION



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
2016 MAY 25 PM 3:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

May 17, 2016

JAMES P SWEENEY
POPLAR HEALTHCARE
3495 HACKS CROSS RD.
MEMPHIS, TN 38125

SUBJECT: SOUTHEASTERN PATHOLOGY ASSOCIATES, PLLC
Ref. Number: W16000035599

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

Florida law does not provide for the recognition of a foreign professional limited liability company. An acceptable limited liability company suffix will need to be added to your entity name for this Department to accept and file your document.

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.," also are no longer acceptable.

The document number of the name conflict is F09000001575 "SOUTHEASTERN PATHOLOGY ASSOCIATES, P.C."

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Karen A Saly
Regulatory Specialist II

Letter Number: 516A00010302

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Southeastern Pathology Associates, PLLC
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:

James P. Sweeney
Name of Person

Poplar Healthcare
Firm/Company

3495 Hacks Cross Rd
Address

Memphis, TN 38125
City/State and Zip Code

j.sweeney@poplarhealthcare.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jim Sweeney at (901) 526-1912
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. Southeastern Pathology Associates, PLLC, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

South eastern pathology Associates of Chattanooga, 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. Hamilton County, Tennessee 3. 47-4376315 (Jurisdiction under the law of which foreign limited liability company is organized) (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. 1030 E 4th St, Chattanooga, TN 37403 (Street Address of Principal Office)

6. (Mailing Address)

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

Name: Donald E. Christopher Office Address: 200 South Orange Avenue, Suite 2900 Orlando, Florida 32801 (City) (Zip code)

SECRETARY OF STATE TALLAHASSEE, FLORIDA 16 MAY 25 AM 7:39

Registered agent's acceptance:

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 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.

(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: James P. Sweeney, CEO, Poplar Healthcare, 3495 Hacks Cross Rd., Memphis, TN 38125

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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Donald E. Christopher Typed or printed name of signee



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

TRACY EMERY
3495 HACKS CROSS ROAD
MEMPHIS, TN 38125

May 3, 2016

Request Type: Certificate of Existence/Authorization
Request #: 0201232

Issuance Date: 05/03/2016
Copies Requested: 1

Document Receipt

Receipt #: 002679789 Filing Fee: \$20.00
Payment-Credit Card - State Payment Center - CC #: 3672316886 \$20.00

Regarding: SOUTHEASTERN PATHOLOGY ASSOCIATES, PLLC
Filing Type: Limited Liability Company - Domestic Control #: 495428
Formation/Qualification Date: 06/08/2005 Date Formed: 06/08/2005
Status: Active Formation Locale: TENNESSEE
Duration Term: Perpetual Inactive Date:
Business County: HAMILTON COUNTY

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

SOUTHEASTERN PATHOLOGY ASSOCIATES, 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 filed the most recent annual report required with this office;
- * 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
Secretary of State

Processed By: Cert Web User

Verification #: 017182124