MIMXXX5592

(Re	questor's Name)	- 1/2/1/2011 10 10 10 10 10 10 10 10 10 10 10 10		
(Ad	dress)			
(Ad	dress)			
(Cit	ty/State/Zip/Phone	; #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
		Ì		





200287197382

07/12/16--01020---004 **155.00

2016 JUL 12 A 10: 56

ACCAR SASSES FLORIDA

TALLAHASSES FLORIDA

The same

16 JUL 12 AM II: 3

UUN'13 2013 O.BRUCE

July 12, 2016

Secretary of State, Florida 2661 Executive Circle Center Tallahassee FL 32301

Re:

Order #: 10084550 SO

Customer Reference 1:

None Given

Customer Reference 2:

None Given

Dear Secretary of State, Florida:

Please obtain the following:

Eclipse Lab Management, LLC (TX)

Registration

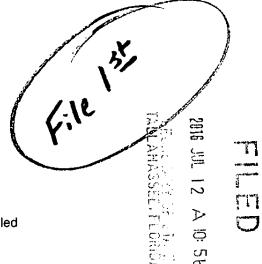
Florida

Eclipse Lab Management, LLC (TX)

Obtain Document - Misc - Certified copy of filed

registration

Florida



Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092.

Thank you very much for your help.

Sincerely,

Connie R Bryan Senior Fulfillment Specialist Connie.Bryan@wolterskluwer.com

COVER LETTER

SUBJECT:	FCLIPSE LA	B MANAGEMENT, LLC	ne P	
NCBIFFC ()	Name of I	Limited Liability Company		
	by Foreign Limited Liability Compibmitted to register the above refere			
Please return all correspond	dence concerning this matter to the	following:		
	Ri	chey Wyatt		
APPROXICATION AND ADDRESS.	N	ame of Person		
	Eclipse I	Lab Management, LLC		
addidade de compressione	Firm/Company P		2016	
	1077 Central Parkway South, Suite 300			
errorena 11 - unanomerica	Address (2)		53	12
	Sau Antonio, Texas 78232			
	City/State and Zip Code			증
	rwys E-mail address: (to be use	itt@texastox.com	6):	
For further information cor	neerning this matter, please call:	a for future annual report i	кинсанону	
Joseph "Joe" R. S			250-6148	
	Name of Contact Person	Area Code D	Paytime Telephone Numb	per
MAILING ADDI Division of Corpo Registration Section P.O. Box 6327 Talbahassee, FL 3	uations en	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		
Enclosed is a check for the S125.00 Filing		S155.00 Filing Fee & Certified Copy	≥ □ \$160.00 Filing Fo	

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLENCE WITH SECTION 605 0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN, LIMITED LABILITY COMPANYTOTRANSACT BUSINESS INTHE STATE OF FLORIDA: Eclipse Lab Management, LLC Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") thinance unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Linbility Company," "L.L.C." or "LLC.") Texas 47-2422309 durisclietion under the law of which foreign limited lability (Fkl number, if applicable) company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability) 1077 Central Parkway South, Suite 300, San Antonio, Texas 78232 (Street Address of Principal Office) 1077 Central Parky av South, Suite 300, San Antonio, Texas 78232 (Mailing Address) 7 Name and street address of Florida registered agent: (P.O. Box NOT acceptable) C T Corporation System Name 1200 South Pine Island Road Office Address: Plantation (City) 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 complywith 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, C. T. Corporation System

Mana Depth

(Registered agent's signature) Maria Ozaeta, Vice President 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/arc: (1) W. Wade White, M.D., Manager, 1077 Central Pkwy S, Ste. 300, San Antonio, Tx 78232; (2) Lance Hupfold, Manager, 1077 Central Pkwy S, Ste. 300, San Amonio, Tx 78232; (3) Abdou Mekebri, Manager, 1077 Central Pkwy S, St. 300, San Antonio, Texas 78232; (4) Brad West, 1077 Central Pkwy S, Ste. 300, San Antonio, Tx 78232. 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)

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.

Richey Wyatt, Executive Vice President, General Counsel

Typed or printed name of signee

office of to feet Strottery Kinding Octors

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Carlos H. Cascos Secretary of State

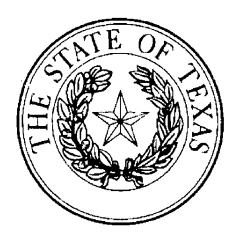
Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Eclipse Lab Management, LLC (file number 802106964), a Domestic Limited Liability Company (LLC), was filed in this office on November 24, 2014.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on July 12, 2016.



Carlos H. Cascos Secretary of State

Fax: (512) 463-5709 TID: 10264 Dial: 7-1-1 for Relay Services Document: 679538200005