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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 205-8842
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SEP 21 2016
AM 8:49
DIVISION OF CORPORATIONS
STATE OF FLORIDA

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**Foreign Limited Liability Company
Port St. Lucie Healthcare, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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J. HARRIS

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Port St. Lucie 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:

Mary Ward

Name of Person

Bradley

Firm/Company

1600 Division Street, Suite 700

Address

Nashville, TN 37203

City/State and Zip Code

jhaynes@bradley.com

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

For further information concerning this matter, please call:

Mary Ward

615

252-3552

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 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. Port St. Lucie 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. Tennessee 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FBI number, if applicable)

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

5. 2932 Foster Creighton Dr.
Nashville, TN 37204-3719
(Street Address of Principal Office)

6. 2932 Foster Creighton Dr.
Nashville, TN 37204-3719
(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 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.

By: C T Corporation System

(Registered agent's signature)

Connie Bryan

Connie Bryan

Registered Secretary

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

Bond E. Oman, Member

2932 Foster Creighton Dr.

Nashville, TN 37204

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]

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.

Bond E. Oman

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

BRADLEY ARANT BOULT CUMMINGS
ANDREA HARDY
STE 700
1600 DIVISION STREET
NASHVILLE, TN 37203

August 9, 2016

Request Type: Certificate of Existence/Authorization
Request #: 0210736

Issuance Date: 08/09/2016
Copies Requested: 1

Document Receipt

Receipt #: 002836275

Filing Fee: \$20.00

Payment-Credit Card - State Payment Center - CC #: 3680554462

\$20.00

Regarding: Port St. Lucie Healthcare, LLC

Filing Type: Limited Liability Company - Domestic

Formation/Qualification Date: 03/10/2016

Status: Active

Duration Term: Perpetual

Business County: DAVIDSON COUNTY

Control #: 838712

Date Formed: 03/10/2016

Formation Locale: TENNESSEE

Inactive Date:

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

Port St. Lucie Healthcare, LLC

* 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 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

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