

MI7000000083

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

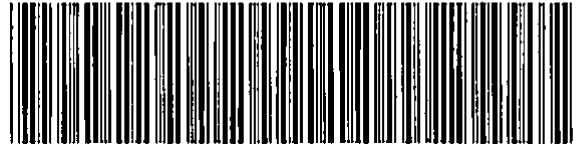
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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07/08/19- 11:27:10 - 0000

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

19 JUL -8 PM 7:05

FILED

JUL 18 2019

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Praxis Med International, LLC dba Praxis Med
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

August. Marzullo

Name of Person

Praxis Med International, LLC dba Praxis Med

Firm/Company

13600 Shoreline Drive Suite 200

Address

Earth City, MO 63045

City/State and Zip Code

gus.marzullo@2srx.com

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

For further information concerning this matter, please call:

August Marzullo

Name of Person

at (317) 413-3458

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Praxis Med International, LLC dba Praxis Med

Enter new principal office address, if applicable: _____

(Principal office address
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: _____

(Mailing address
MAY BE A POST OFFICE BOX)

Registered Agents Inc.

7901 4th St N STE 300

St. Petersburg ,FL 33702

2. The Florida document number of this limited liability company is: M17000000083

3. Jurisdiction of its organization: Indiana

4. Date authorized to do business in Florida: 1/4/2017

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: Gateway Health Resources LLC c
(must contain "Limited Liability Company," "L.L.C." or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: Registered Agents Inc.

New Registered Office Address: 7901 4th St N STE 300

Enter Florida Street Address

St. Petersburg

City

Florida 33702

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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 as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

NA

If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

NA

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

See below


<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
------------------------	-------------	----------------	-----------------------

MBR Anthony Roberston 484 E. Carmel Drive Ste 305 Carmel, in 46032 ☐ Add

☐ Add☒ Remove

MGR	William Versosky	2 S University Drive Ste 321 Plantation, FL 33324	<input checked="" type="checkbox"/> Add
-----	------------------	---	---

☒ Add☐ Remove☐ Add☐ Remove☐ Remove☐ Add

 Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Signature of the authorized representative

Signature of the authorized representative

August Marzullo

Typed or printed name of signee

Filing Fee: \$25.00

State of Indiana
Office of the Secretary of State

CERTIFICATE OF ASSUMED BUSINESS NAME

of
GATEWAY HEALTH RESOURCES, LLC

I, CONNIE LAWSON, Secretary of State, hereby certify that a Certificate of Assumed Business Name of the above Domestic Limited Liability Company has been presented to me at my office, accompanied by the fees prescribed by law and that the documentation presented conforms to law as prescribed by the provisions of the Indiana Code.

Following said transaction, the above named entity will transact business under the assumed business name(s) of:

GHR, SECOND SOURCE RX

NOW, THEREFORE, with this document I certify that said transaction will become effective Monday, June 10, 2019.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, June 11, 2019.

Connie Lawson

CONNIE LAWSON
SECRETARY OF STATE

2007032200373 / 8296624

To ensure the certificate's validity, go to <https://bsd.sos.in.gov/PublicBusinessSearch>

State of Indiana
Office of the Secretary of State

CERTIFICATE OF ASSUMED BUSINESS NAME

GATEWAY HEALTH RESOURCES, LLC

I, CONNIE LAWSON, Secretary of State, hereby certify that a Certificate of Assumed Business Name of the above Domestic Limited Liability Company has been presented to me at my office, accompanied by the fees prescribed by law and that the documentation presented conforms to law as prescribed by the provisions of the Indiana Code.

Following said transaction, the above named entity will transact business under the assumed business name(s) of:

NOW, THEREFORE, with this document I certify that said transaction will become effective Monday, June 10, 2019.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, June 11, 2019.

Connie Lawson

CONNIE LAWSON
SECRETARY OF STATE

2007032200373 / 8296623

To ensure the certificate's validity, go to <https://bsd.sos.in.gov/PublicBusinessSearch>



**CERTIFICATION OF ASSUMED BUSINESS NAME
(ALL ENTITIES)**

State Form 30353 (R18 / 6-17)
Approved by State Board of Accounts, 2017


Indiana Code 23-0.5-3-4
23-0.5-6-40

For-Profit Corporations,
Limited Liability Companies,
Limited Partnerships,
Limited Liability Partnerships:

FILING FEE: \$30.00 per name

Nonprofit Corporations:

FILING FEE: \$28.00 per name

1. Name of entity Gateway Health Resources, LLC			
2. Date of formation / registration (month, day, year) 03/22/2007			
3. Address at which the entity will do business under the assumed name (number and street) 484 E. Carmel Drive, Ste. 305		City Carmel	State IN
		Zip code 46032	
4. Assumed business name 2SRx			
5. Address of principal office (number and street) 2 S. University Drive, Ste. 321		City Plantation	State FL
		Zip code 33324	
6. Signature 		Date of signature (month, day, year) 06/07/2019	
7. Printed name and title William Versosky, Manager			

This instrument was prepared by: Triad Professional Services

2019 JUN 10 AM 11:26
RECEIVED
HON. SEC. OF STATE



**CERTIFICATION OF ASSUMED BUSINESS NAME
(ALL ENTITIES)**
State Form 30353 (R18 / 8-17)
Approved by State Board of Accounts, 2017

Approved and Filed
2007032200373/8296624
Filing Date: 06/11/2019
Effective :06/10/2019 11:26
CONNIE LAWSON
Indiana Secretary of State

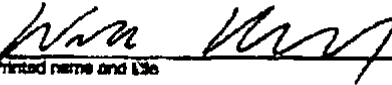
Indiana Code 23-0.5-3-4
23-0.5-6-40

For-Profit Corporations,
Limited Liability Companies,
Limited Partnerships,
Limited Liability Partnerships:

FILING FEE: \$30.00 per name

Nonprofit Corporations:

FILING FEE: \$26.00 per name

1. Name of entity Gateway Health Resources, LLC			
2. Date of formation / registration (month, day, year) 03/22/2007			
3. Address at which the entity will do business under the assumed name (number and street) 484 E. Carmel Drive, Ste. 305		City Carmel	State IN
		ZIP code 46032	
4. Assumed business name GHR, Second Source Rx			
5. Address of principal office (number and street) 2 S. University Drive, Ste. 321		City Plantation	State FL
		ZIP code 33324	
6. Signature 		Date of signature (month, day, year) 06/07/2019	
7. Printed name and title William Versosky, Manager			

This instrument was prepared by: Triad Professional Services

2019 JUN 10 AM 11:27
KENTON LEE



**NOTICE OF CHANGE OF GOVERNING PERSON
(OFFICERS, DIRECTORS, PRINCIPALS,
MEMBERS / MANAGERS)**
State Form 50653 (R8 / 11-18)

Approved and Filed
2007032200373/8296614
Filing Date: 08/11/2019
Effective :08/10/2019 11:28
CONNIE LAWSON
Indiana Secretary of State

NO FILING FEE

Name of entity
Gateway Health Resources, LLC
Date of incorporation / organization / registration (month, day, year)
03/22/2007

Please indicate whether the name should be added, edited, or removed from the record. You must have at least one governing person on the record.			
Name	Title (i.e. president, secretary, member, manager)	Action (Check one)	
Anthony C. Robertson	Member	<input type="checkbox"/> Add <input type="checkbox"/> Edit <input checked="" type="checkbox"/> Remove	
Address (number and street)	City	State	ZIP code
484 E. Carmel Drive, Ste. 305	Carmel	IN	46032
Name	Title (i.e. president, secretary, member, manager)	Action (Check one)	
William Versosky	Manager	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Edit <input type="checkbox"/> Remove	
Address (number and street)	City	State	ZIP code
2 S. University Drive, Ste. 321	Plantation	FL	33324
Name	Title (i.e. president, secretary, member, manager)	Action (Check one)	
		<input type="checkbox"/> Add <input type="checkbox"/> Edit <input type="checkbox"/> Remove	
Address (number and street)	City	State	ZIP code
Name	Title (i.e. president, secretary, member, manager)	Action (Check one)	
		<input type="checkbox"/> Add <input type="checkbox"/> Edit <input type="checkbox"/> Remove	
Address (number and street)	City	State	ZIP code

In witness whereof, the undersigned executes this Notice and verifies, subject to penalties of perjury, that the statements contained herein are true, this <u>7th</u> day of <u>June</u> , 20 <u>19</u> .	
Signature 	
Printed name William Versosky	Title Manager

2019 JUN 10 AM 11:26




NOTICE OF CHANGE OF PRINCIPAL OFFICE ADDRESS
State Form 60656 (RS / 8-17)

Approved and Filed
2007032200373/8296616
Filing Date: 06/11/2019
Effective :06/10/2019 11:26
CONNIE LAWSON
Indiana Secretary of State

NO FILING FEE

Name of entity Gateway Health Resources, LLC			
Date of incorporation / organization / registration (month, day, year) 03/22/2007			
Address of current principal office (number and street)	City	State	ZIP code
484 E. Carmel Drive, Ste. 305	Carmel	IN	46032
Address of new principal office (number and street)	City	State	ZIP code
2 S. University Drive, Ste. 321	Plantation	FL	33324

In witness whereof, the undersigned executes this Notice and verifies, subject to penalties of perjury, that the statements contained herein are true, this <u>7th</u> day of <u>June</u> , 20 <u>19</u> .	
Signature 	
Printed name William Versosky	Title Manager

2019 JUN 10 AM 11:26
SECRETARY OF STATE
NOTED



STATEMENT OF CHANGE OF REGISTERED AGENT

State Form 58367 (RS / 7-16)

Approved and Filed
2007032200373/8296608
Filing Date: 06/11/2019
Effective :06/10/2019 11:26
CONNIE LAWSON
Indiana Secretary of State

Indiana Code 23-0.5-4-6

NO FILING FEE

The undersigned, desiring to change the registered agent information on file with the Secretary of State pursuant to the provisions of Indiana Code 23-0.5-4-6, executes the following Statement of Change of Registered Agent.

ARTICLE I - ENTITY INFORMATION

The name of the entity

Gateway Health Resources, LLC

The name of the current registered agent

Kristen Robertson

ARTICLE II - REGISTERED AGENT INFORMATION

To determine if your Registered Agent is a Commercial Registered Agent (CRA), go to IBIZ.in.gov.

Electronic Service of Process Information

Sending an e-mail to the e-mail address provided by a registered agent is NOT sufficient to effectuate valid service of process.

The Secretary of State is currently collecting a service of process e-mail address for registered agents under IC 23-0.5-4-3. Until the Indiana Supreme Court writes rules and develops a technical solution, valid service may not be effectuated electronically.

If you do not want to provide a service of process e-mail address, you may choose to use a commercial registered agent. Because all commercial registered agents are required to have a service of process e-mail address on record with the Secretary of State, choosing to use a commercial registered agent means that you are not required to provide another service of process e-mail address.

Provide either commercial registered agent or noncommercial registered agent information below.

☒ Commercial registered agent

Name of registered agent (Do not provide address.)

National Registered Agents, Inc.

OR

☐ Noncommercial registered agent

Name of registered agent

Address (number and street) (A P.O. Box is not acceptable unless accompanied by a Rural Route number.)

City

State

ZIP code

IN

E-mail address of the registered agent at which the registered agent will accept electronic service of process

☒ By checking the box, the Signator(s) represent(s) that the Registered Agent named in this Statement of Change of Registered Agent has consented to the appointment of Registered Agent.

In Witness Whereof, the undersigned duly authorized representative of the entity executes this Statement of Change of Registered Agent and verifies, subject to penalties of perjury, that the statements contained herein are true, this 7th day of June, 20 19.

Signature

Printed name

William Versosky

Title

Manager

2019 JUN 10 AM 11:26
RECEIVED
SECRETARY OF STATE