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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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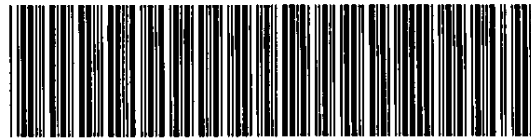
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATE
AFFAIRS

FEB - 8 2017

C LEWIS

Premise Health™
Keep your edge.



January 31, 2017

Via Standard USPS

Florida Department of State
Division of Corporation
PO Box 6327
Tallahassee, FL 32314

Re: TransformHealthRX, Inc. Conversion documents
FL State ID: F12000001825
FEIN: 80-0379683

Dear Sir or Madam:

Enclosed please find the Application for Certificate of Withdrawal – Foreign LLC, Application for Authorization to Transact Business – Foreign LLC, GA Certificate of Conversion, and Florida Department of State letter regarding the above referenced entity. Also, enclosed is a check for \$130.00 representing the required additional state filing fee.

Should you have any questions or concerns, please do not hesitate to contact me directly. I can be reached at:

Premise Health
c/o Legal Department
5500 Maryland Way, Suite 200
Brentwood, TN 37027
615-468-5548
megan.mcgonagill@premisehealth.com

Thank you for your attention to this matter,

Megan McGonagill
Legal Assistant

**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. TransformHealthRX, 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. Georgia 3. 80-0379683
(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)

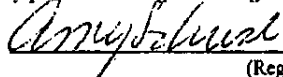
5. 5500 Maryland Way, Suite 200
Brentwood, TN 37027
(Street Address of Principal Office)

6. 5500 Maryland Way, Suite 200
Brentwood, TN 37027
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: Corporation Service Company
Office Address: 1201 Hays Street
Tallahassee, Florida 32301
(City) (Zip code)

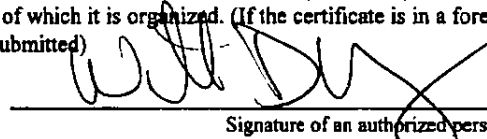
Registered agent's acceptance:

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.


(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
Stuart Edward Clark, President 5500 Maryland Way, Suite 200, Brentwood, TN 37027
Shannon Farrington, Treasurer 5500 Maryland Way, Suite 200, Brentwood, TN 37027
William D. Wright, Secretary 5500 Maryland Way, Suite 200, Brentwood, TN 37027

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.

William D. Wright, Secretary
Typed or printed name of signee

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

STATE OF GEORGIA

Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

CERTIFICATE OF CONVERSION

I, Brian P. Kemp, the Secretary of State and the Corporation Commissioner of the State of Georgia, hereby certify under the seal of my office that articles of conversion have been filed on 12/31/2016 converting

TRANSFORMHEALTHRX, INC.

a Domestic Profit Corporation

to

TransformHealthRx, LLC

a Domestic Limited Liability Company

The required fees as provided by Title 14 of the Official Code of Georgia Annotated have been paid.

WITNESS my hand and official seal in the City of
Atlanta and the State of Georgia on 12/30/2016



Brian P. Kemp
Secretary of State