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17 MAR -3 MI 6:56 SECRETARY OF STATE TALLARISSEED HORDA

DEPARTMENT OF STATE

FILED

D. SCOTT MAR 6 2017 CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 531656 _ 109186B

AUTHORIZATION : Spelle Conde

COST LIMIT : \$\(\frac{1}{2}\)5.00

ORDER DATE: March 2, 2017

ORDER TIME : 3:51 PM

ORDER NO. : 531656-020

CUSTOMER NO: 109186B

FOREIGN FILINGS

NAME: VIRTUALHEALTHCONNECT, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER:

्र

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:

VirtualHealthConnect,	LLC		
(Name of For	eign Limited Liability Company; must	include "Limited Liability Company," "L.L	.C" or "LLC.")
(If name unavailable, enter a Liability Company," "L.L.C.		of transacting business in Florida. The altern	nate name must include "Limited
2. Delaware		3. 47-4499504	
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if app	olicable)
4	(Data first transacted business	in Florida, if prior to registration.)	
	(See sections 605.0904 & 605.09	905. F.S. to determine penalty liability)	
5. 4000 Meridian Blvd.			
Franklin, TN 37067			TALL
	(Street Address of Pri	ncipal Office)	一 題言工
6. 4000 Meridian Blvd.			
Franklin, TN 37067			
	(Mailing Ad	idress)	
7. Name and street addres	ss of Florida registered agent: (P.O	Box NOT acceptable)	07, 6, 5
Name:	Corporation Service Company		
Office Address:	1201 Hays Street		
	Tallahassee	Florida 32301	
	(City)	Florida 32301 (Zip co	ode)
designated in this applica to complywith the provisi	gistered agent and to accept servic tion, I hereby accept the appointm ons of all statutes relative to the pr my position as registered agent. Corporation Sprvice Pompany	ee of process for the above stated limite nent as registered agent and agree to ac coper and complete performance of my	ct in this capacity. I further agree duties, and I am familiar with a
	By: Mariana	ed agent's signature)	Lydia Cohen Asst. Vice President
	(Register	zo agem s signature)	Asst. Vice Plesia
8. The name, title or capa	acity and address of the person(s) w	ho has/have authority to manage is/are:	
W. Larry Cash, Manager	- 4000 Meridian Blvd., Franklin, Tl	N 37067	
Martin G. Schweinhart, M	lanager - 4000 Meridian Blvd., Fra	nklin, TN 37067	
Rachel A. Seifert, Manag	er - 4000 Meridian Blvd., Franklin,	TN 37067	
	of which it is organized. (If the cert	s old, duly authenticated by the official liticate is in a foreign language, a transl	
This document is executed	i in accordance with section 605.020	03 (1) (b), Piorida Statutes, 1 am aware '	that any false information
submitted in a document to	the Department of State constitute	s a third degree felony as provided for i	n s.817.155, F.S.
	Rachel A. Seifert, Executive Vice	President & Secretary	

Typed or printed name of signee

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "VIRTUALHEALTHCONNECT, LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE SECOND DAY OF MARCH, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID

"VIRTUALHEALTHCONNECT, LLC" WAS FORMED ON THE TENTH DAY OF JULY,

A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Authentication: 202131450

Date: 03-02-17

5783010 8300 SR# 20171557022