

# MI 700008713

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To:

Division of Corporations  
Fax Number : (850) 517-6383

From:

Account Name : M. BURR KEIM COMPANY  
Account Number : I19990000242  
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2017 OCT 11 PM 12:50

TALLAHASSEE, FLORIDA

## Foreign Limited Liability Company Convenient Care Solutions LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

2017 OCT 11 PM 12:00

FILED

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS  
IN FLORIDAIN 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 FLORIDA1. Convenient Care Solutions LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC")

2. Pennsylvania  
(Jurisdiction under the law of which foreign limited liability company is organized)3.   
(FE 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. 400 Maryland Drive  
(Street Address of Principal Office)  
Fort Washington, PA 190346. 400 Maryland Drive  
(Mailing Address)  
Fort Washington, PA 19034

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: W. Bradley Munroe, Esquire

Office Address: 239 East Virginia 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.W. B. Munroe  
(Registered agent's signature)

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

Title or Capacity: Name and Address: Title or Capacity: Name and Address:

AMBR Dr. John Hopkins  
707 S. White Horse Pike  
Audubon, NJ 08106

(Use attachments if necessary)

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)10. 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.Dr. John Hopkins  
(Signature of an authorized person)Dr. John Hopkins  
(Typed or printed name of signer)FILED  
OCT 11 PM 12:00  
DIVISION 11

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE

10/10/2017

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

Convenient Care Solutions LLC

is duly registered as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

*Pedro A. Contes*  
Secretary of the Commonwealth

Certification Number: TSC171010090302-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify>