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

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (512) 418-6949
Fax Number : (954) 208-0845

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**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

**Foreign Limited Liability Company
Vanderbilt Health Pharmacy Group, LLC**

| | |
|-----------------------|----------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 06 |
| Estimated Charge | \$155.00 |

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Vanderbilt Health Pharmacy Group, 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:

Robin Lundquist

Name of Person

VUMC Office of Legal Affairs

Firm/Company

2525 West End Avenue, Suite 700

Address

Nashville, TN 37203

City/State and Zip Code

robin.lundquist@vumc.org

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

For further information concerning this matter, please call:

Robin Lundquist

615

936-0040

at (

Name of Contact Person

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
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. Vanderbilt Health Pharmacy Group, 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. 82-1462688
(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. 1161 21st Avenue South 6. 1161 21st Avenue South
(Street Address of Principal Office) (Mailing Address)
Medical Center North, Suite D-3300
Nashville, TN 37232 Medical Center North, Suite D-3300
Nashville, TN 37232

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

Name: National Registered Agents, Inc.
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: NATIONAL REGISTERED AGENTS, INC. - CHRIS RICKARD, ASSISTANT SECRETARY

(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: |
|-----------------------------|-------------------|--------------------|-------------------|
| <u>Please see attached.</u> | | | |
| | | | |
| | | | |
| | | | |

(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.

James R. Manfred
Signature of an authorized person
James R. Manfred
Typed or printed name of signer

**Vanderbilt Health Pharmacy Group
Board of Directors and Officers
2017**

Board of Directors

J. Scott McCarver (Board Chair)
1161 21st Avenue South
Medical Center North Suite D-3300
Nashville, TN 37232
(615) 875-3210

Patty W. Wright
1161 21st Avenue South
Medical Center North Suite D-3300
Nashville, TN 37232
(615) 936-1174

Karen F. Nanney
1161 21st Avenue South
Medical Center North Suite D-3300
Nashville, TN 37232
(615) 343-4203

Todd W. Rice
1161 21st Avenue South
Medical Center North Suite D-3300
Nashville, TN 37232
(615) 322-3412

James A. Johns
1161 21st Avenue South
Medical Center North Suite D-3300
Nashville, TN 37232
(615) 322-7447

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PALM BEACH, FLORIDA

Officers

Executive Director

James R. Manfred
1161 21st Avenue South
Medical Center North Suite D-3300
Nashville, TN 37232
(615) 322-4775

Secretary

James E. Newman
1161 21st Avenue South
Medical Center North Suite D-3300
Nashville, TN 37232
(615) 875-4780

Treasurer

James E. Newman
1161 21st Avenue South
Medical Center North Suite D-3300
Nashville, TN 37232
(615) 875-4780

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Tre Hargett
Secretary of State

Division of Business Services
Department of State
State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

ROBIN LUNDQUIST
SUITE 700
2525 WEST END AVE.
NASHVILLE, TN 37203

January 3, 2018

Request Type: Certificate of Existence/Authorization
Request #: 0262148

Issuance Date: 01/03/2018
Copies Requested: 1

Document Receipt

Receipt #: 003723221

Filing Fee: \$20.00

Payment-Credit Card - State Payment Center - CC #: 3718370760

\$20.00

Regarding: Vanderbilt Health Pharmacy Group, LLC
Filing Type: Limited Liability Company - Domestic
Formation/Qualification Date: 05/08/2017
Status: Active
Duration Term: Perpetual
Business County: DAVIDSON COUNTY

Control #: 902839
Date Formed: 05/08/2017
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

Vanderbilt Health Pharmacy Group, 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, interest, 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 filed the most recent annual report required with this office;

* 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

Tre Hargett
Secretary of State

Processed By: Cert Web User

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