

M20000004776

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

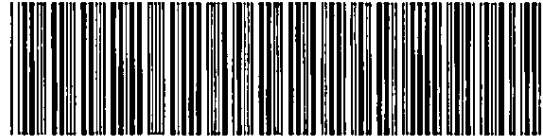
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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04/29/20--01010--005 **125.00

2020 MAY 26 P 1:15

FILED

New
Foreign
LLC

05/27/20



2020 APR 27 9:56
FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 28, 2020

Tina Bradley
American Diagnostics Services
46 ALLIGATOR BLVD.
MIDDLEBURG, FL 32068

SUBJECT: AMERICAN DIAGNOSTICS SERVICES, LLC
Ref. Number: W20000041683

We have received your document and check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

#4 SHOULD STATE THAT "FIRST TRANSACTED BUSINESS ON 11/21/2006 AS A CORPORATION WITH DOC# F06000007296.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell
Regulatory Specialist II Supervisor

Letter Number: 720A00008722

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: American Diagnostics Services, 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:

Tina Bradley

Name of Person

American Diagnostics Services, LLC

Firm/Company

4665 Alligator Blvd

Address

Middleburg, FL 32068

City/State and Zip Code

Regfilings@tridentcare.com

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

For further information concerning this matter, please call:

Tina Bradley

Name of Contact Person

at (800)

Area Code

786-8015 x76145

Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$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 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. American Diagnostics Services, 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. PA

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 23-2722771

(LL number, if applicable)

First transacted business on 11/21/2006 as a corporation with Document# F06000007296.

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0901 & 605.0905, F.S. to determine penalty liability.)

5. 930 Ridgebrook Road

(Street Address of Principal Office)

6. 930 Ridgebrook Road

(Mailing Address)

Sparks, MD 21152

Sparks, MD 21152

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

Name: C T Corporation

Office Address: 1200 South Pine Island Road

Plantation

(City)

Florida 33324

(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.



Stephanie Boehm

Stephanie Boehm - Assistant Secretary

(Registered agent's signature)

FILED
2020 MAY 26 P 1:15

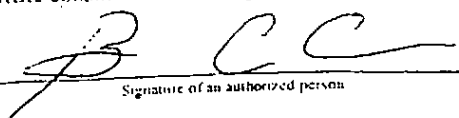
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>David Velez</u>	<input type="checkbox"/> Manager	Name: <u>Brian Cuomo</u>
<input type="checkbox"/> Member	Address: <u>930 Ridgebrook Road</u>	<input type="checkbox"/> Member	Address: <u>930 Ridgebrook Road</u>
<input type="checkbox"/> Authorized	<u>Sparks, MD 21152</u>	<input checked="" type="checkbox"/> Authorized	<u>Sparks, MD 21152</u>
Person		Person	
<input checked="" type="checkbox"/> Other <u>CEO</u>	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> Other <u>CEO</u>	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: <u>James Young</u>	<input type="checkbox"/> Manager	Name:
<input type="checkbox"/> Member	Address: <u>930 Ridgebrook Road</u>	<input type="checkbox"/> Member	Address:
<input type="checkbox"/> Authorized	<u>Sparks, MD 21152</u>	<input type="checkbox"/> Authorized	
Person		Person	
<input checked="" type="checkbox"/> Other <u>VP/Secretary</u>	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name:	<input type="checkbox"/> Manager	Name:
<input type="checkbox"/> Member	Address:	<input type="checkbox"/> Member	Address:
<input type="checkbox"/> Authorized		<input type="checkbox"/> Authorized	
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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.


 Signature of an authorized person
 Brian Cuomo
 Typed or printed name of signer

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE

03/04/2020

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

AMERICAN DIAGNOSTICS SERVICES, 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

Katlynn Bookman

Secretary of the Commonwealth

Certification Number: TSC200304080054-1

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