

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

M22000013800

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H22000301902 3)))



H220003019023ABCT

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : CAPITOL SERVICES, INC.  
Account Number : I20160000017  
Phone : (855)498-5500  
Fax Number : (800)432-3622

\*\*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  
ACCESS TO CARE, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

RECEIVED  
FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

2022 SEP -2 PM 4:14

APPROVED  
AND  
FILED

Electronic Filing Menu

Corporate Filing Menu

Help

SEP -6 2022  
K. Brumblay

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS  
IN FLORIDA**

*IN COMPLIANCE WITH SECTION 885.002, FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA*

**1. Access to Care, LLC**

(Name of Foreign Limited Liability Company. It also include "Limited Liability Company," "L.L.C.," or "LLC.")

**Access to Care Infusion, LLC**

(If the name of the foreign limited liability company is not the same as the name of the company authorized to do business in Florida, the domestic name must include "Limited Liability Company," "LLC," or "L.L.C.")

**2. Indiana**

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

**3. \_\_\_\_\_**

(If the firm provided business is a Florida professional corporation, see section 885.002(2)(a) for requirements for determining governing law.)

**3645 N Briarwood Ln., Suite D**

(Street Address of Principal Office)

(b) \_\_\_\_\_

(Street Address)

**Muncie, IN 47304**

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

Name: Capitol Corporate Services, Inc.

Office Address: 515 East Park Avenue 2nd Fl

Tallahassee, Florida 32301

**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.*

*Taylor Seay*

Taylor Seay, as Asst. Secretary on behalf  
of Capitol Corporate Services, Inc.

(Signature of Registered Agent)

2022 SEP -2 PM 4:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

8. For initial indexing purposes, list names, title or capacity and addresses of the primary member(s) 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 checked="" type="checkbox"/> Manager	Name: <u>Brooke L. Hull</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Pamela S. Terrell</u>
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>3645 N Briarwood Ln., Suite D</u>	<input type="checkbox"/> Authorized	<u>3645 N Briarwood Ln., Suite D</u>
Person	<u>Muncie, IN 47304</u>	Person	<u>Muncie, IN 47304</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

<input checked="" type="checkbox"/> Manager	Name: <u>Michael L. Robertson</u>	<input checked="" type="checkbox"/> Manager	Name: <u>E. Genelle Engle</u>
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>3645 N Briarwood Ln., Suite D</u>	<input type="checkbox"/> Authorized	<u>3645 N Briarwood Ln., Suite D</u>
Person	<u>Muncie, IN 47304</u>	Person	<u>Muncie, IN 47304</u>
<input type="checkbox"/> Other _____	<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 indexed 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.817.133, F.S.

Brooke L. Hull

Brooke L. Hull, Manager

Printed name of officer or manager

**State of Indiana  
Office of the Secretary of State**

**CERTIFICATE OF EXISTENCE**

To Whom These Presents Come, Greeting:

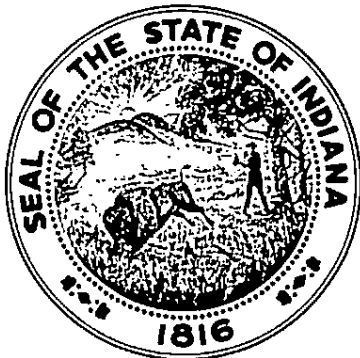
I, HOLLI SULLIVAN, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

**ACCESS TO CARE, LLC**

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on June 08, 2004, and was in existence or authorized to transact business in the State of Indiana on August 11, 2022.

I further certify this Domestic Limited Liability Company has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, August 11, 2022

HOLLI SULLIVAN  
SECRETARY OF STATE

2004060900150 / 20222719579

All certificates should be validated here: <https://bsd.sos.in.gov/ValidateCertificate>

Expires on September 10, 2022.