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SECRETARY OF STATE
TALLAHASSEE, FL

NA

COVER LETTER

TO: Registration Section
Division of Corporations

AA HEALTH SERVICES, LLC

SUBJECT: _____
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:

TED MACDONALD

Name of Person

AA HEALTH SERVICES LLC

Firm Company

820 EFESSLERS PKWY, STE 315

Address

NASHVILLE, TN 37210

City, State and Zip Code

T.MACDONALD@AMPUTEEASSOCIATES.COM

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

For further information concerning this matter, please call:

TED MACDONALD

615

214-3777

Name of Contact Person at _____ Area Code 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 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. AA HEALTH SERVICES, 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. STATE OF TN 93-3789770
(Jurisdiction under the law of which foreign limited liability company is organized) (EIN number, if applicable)

4. N/A
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S., to determine penalty liability.)

5. 820 FESSLERS PKWY 820 FESSLERS PKWY
(Street Address of Principal Officer) (Mailing Address)

SUITE 315 SUITE 315
NASHVILLE, TN 37210 NASHVILLE, TN 37210

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

Name: TED MACDONALD
Office Address: 6631 ORION DRIVE, STE 110
FORT MYERS, Florida 33812
(County) (zip code)

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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.

[Handwritten signature]
(Registered agent's signature)

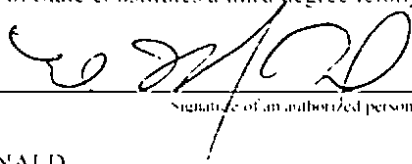
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members managers or persons authorized to manage [up to six (6) total]:

<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>TED MACDONALD</u>	<input type="checkbox"/> Manager	Name: <u>MACY FRICK</u>
<input checked="" type="checkbox"/> Member	Address: <u>820 FESSLERS PKWY</u>	<input type="checkbox"/> Member	Address: <u>820 FESSLERS PKWY</u>
<input type="checkbox"/> Authorized	<u>STE 315</u>	<input checked="" type="checkbox"/> Authorized	<u>STE 315</u>
Person	<u>NASHVILLE, TN 37210</u>	Person	<u>NASHVILLE, TN 37210</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 _____
<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

TED MACDONALD

Typed or printed name of signer



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

Tre Hargett
Secretary of State

MACY FRICK
STE 315
820 FESSLERS PKWY
NASHVILLE, TN 37210

October 18, 2023

Request Type: Certificate of Existence/Authorization

Issuance Date: 10/18/2023

Request #: 0552158

Copies Requested: 1

Document Receipt

Receipt #: 008417688

Filing Fee: \$20.00

Payment-Credit Card - State Payment Center - CC #: 3860114537

\$20.00

Regarding: AA Health Services, LLC

Filing Type: Limited Liability Company - Domestic

Control #: 1476465

Formation/Qualification Date: 10/17/2023

Date Formed: 10/17/2023

Status: Active

Formation Locale: TENNESSEE

Duration Term: Perpetual

Inactive Date:

Business County: DAVIDSON COUNTY

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

AA Health Services, 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 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
Secretary of State

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