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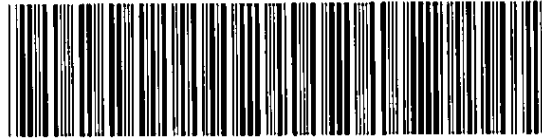
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DATE: 01/26/2024

NAME: FIRST HOSPITAL LABORATORIES, LLC

TYPE OF FILING: APPLICATION

COST: 125.00

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ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE





COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: First Hospital Laboratories, 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:

Steve Barnett
Name of Person
First Hospital Laboratories, LLC
Firm/Company
6150 Oak Tree Boulevard, Suite 490
Address
Independence, OH 44131
City/State and Zip Code
steve.barnett@sterlingcheck.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Contact Person Area Code Daytime Telephone Number

Steve Barnett 800 853-3228

_____ at (_____) _____

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. First Hospital Laboratories, 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. Virginia 3. F96000000774
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. January 23, 2024
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. First Hospital Laboratories, LLC 6. First Hospital Laboratories, LLC
(Street Address of Principal Office) (Mailing Address)
6150 Oak Tree Boulevard, Suite 490 6150 Oak Tree Boulevard, Suite 490
Independence, OH 44131 Independence, OH 44131

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

Name: PARACORP INCORPORATED
Office Address: 155 Office Plaza Drive, 1st Floor
Tallahassee 32301
(City) (Zip code)
Florida

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TALLAHASSEE
FLORIDA

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.

SEE ATTACHMENT PAGE

(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]:

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

☒ Manager Name: Joshua Peirez
☐ Member Address: _____
☐ Authorized 6150 Oak Tree Boulevard, Suite 490
Person Independence, OH 44131
☒ Other CEO ☐ Other _____

☐ Manager Name: Meredith Vadis
☐ Member Address: _____
☐ Authorized 6150 Oak Tree Boulevard, Suite 490
Person Independence, OH 44131
☒ Other President ☐ Other _____

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person _____
☐ Other _____ ☐ Other _____

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

☒ Manager Name: Steven L. Barnett
☐ Member Address: _____
☐ Authorized 6150 Oak Tree Boulevard, Suite 490
Person Independence, OH 44131
☐ Other EVP, secretary ☐ Other _____

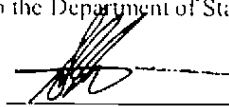
☐ Manager Name: Theresa Strong
☐ Member Address: _____
☐ Authorized 6150 Oak Tree Boulevard, Suite 490
Person Independence, OH 44131
☒ Other Interim CFO ☐ Other _____

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person _____
☐ Other _____ ☐ 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

Steve Barnett, Secretary

Typed or printed name of signee

STATE OF FLORIDA
REGISTERED AGENT CONSENT FORM


DATE: 1/25/2024

ENTITY NAME: First Hospital Laboratories, LLC

REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated
155 Office Plaza Drive, 1st Floor
Tallahassee, FL 32301

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statutes.



Leticia Herrera, Assistant Secretary
Paracorp Incorporated

Commonwealth of Virginia



State Corporation Commission

CERTIFICATE OF FACT

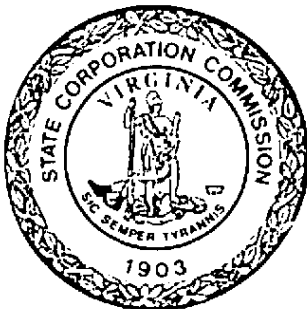
I Certify the Following from the Records of the Commission:

That First Hospital Laboratories, LLC is duly organized as a Limited Liability Company under the law of the Commonwealth of Virginia;

That the Limited Liability Company was formed on December 6, 1988; and

That the Limited Liability Company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date:

January 25, 2024

A handwritten signature in black ink, appearing to read "Bernard J. Logan".

Bernard J. Logan, Clerk of the Commission