

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
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To:

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

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (614)573-3996

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

Email Address: robin.lundquist@vumc.org

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2024 MAR 13 PM 2:30

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Foreign Limited Liability Company
VANDERBILT HOME CARE SERVICES LLC

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

FILED

2024 MAR 13 AM 3:49

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

IN COMPLIANCE WITH SECTION 605.092, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Vanderbilt Home Care Services, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLCM")

(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 "LLCM")

2. Tennessee

62-1404948

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

3.

(FBI number, if applicable)

4.

(Date first transacted business in Florida, if prior to registration)
(See section 605.0931 & 605.0905, F.S. to determine priority filing)

5. 2120 Belcourt Ave.

6. 3322 West End Ave.

(Street Address of Principal Office)

(Mailing Address)

Nashville, TN 37212-3204

Suite 1100

Nashville, TN 37203

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 Rd.

Plantation

33324

Florida

(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.

Denise Bell

Denise Bell - Asst. Secretary

(Registered agent's signature)

①

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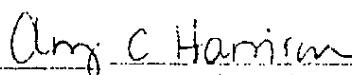
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

<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:	Amy C. Harrison		<input type="checkbox"/> Manager	Name:	Julia Triplett	
<input type="checkbox"/> Member	Address:	2120 Belcourt Ave.		<input type="checkbox"/> Member	Address:	2120 Belcourt Ave.	
<input checked="" type="checkbox"/> Authorized		Nashville, TN 37212		<input checked="" type="checkbox"/> Authorized		Nashville, TN 37212	
Person				Person			
Other		<input type="checkbox"/> Other		Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Manager	Name:	David Green		<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:	3841 Green Hills Village Dr.		<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized		Suite 200		<input type="checkbox"/> Authorized			
Person		Nashville, TN 37215		Person			
Other		<input type="checkbox"/> Other		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
 Amy C. Harrison

 Typed or printed name of signer



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

VUMC OFFICE OF LEGAL AFFAIRS
SUITE 1100
3322 WEST END AVE.
NASHVILLE, TN 37203

March 8, 2024

Request Type: Certificate of Existence/Authorization
Request #: 0572477

Issuance Date: 03/08/2024
Copies Requested: 1

Document Receipt

Receipt #: 008745479	Filing Fee:	\$20.00
Payment-Credit Card - State Payment Center - CC #: 3869186360		\$20.00

Regarding:	Vanderbilt Home Care Services, LLC		
Filing Type:	Limited Liability Company - Domestic	Control # :	217486
Formation/Qualification Date:	06/30/1989	Date Formed:	06/30/1989
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

Vanderbilt Home Care 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 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
Secretary of State

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