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Florida Department of State  
Division of Corporations  
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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: legal@gentivahs.com

Foreign Limited Liability Company  
Illumia Health, LLC

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 0        |
| Page Count            | 04       |
| Estimated Charge      | \$125.00 |

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

DIVISION OF CORPORATIONS  
24 MAY -1 PM 4:22

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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. ILLUMIA HEALTH, 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. Delaware

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

3. 99-2395559

(EIN number, if applicable)

4. Upon Qualification

(Date first transacted business in Florida, if prior to registration;  
see sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 3350 Riverwood Parkway, Suite 1400

(Street Address of Principal Office)

6. 350 Riverwood Parkway, Suite 1400

(Mailing Address)

Atlanta, GA 30339

Atlanta, GA 30339

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

Name: C T Corporation System

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.

C T Corporation System

By:

(Registered agent's signature)

Stephen Rullis, Vice President

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>Mid-South Home Care Services, LLC</u>  | <input type="checkbox"/> Manager     | Name: _____                          |
| <input checked="" type="checkbox"/> Member | Address: <u>655 Brawley School Rd., Ste 200</u> | <input type="checkbox"/> Member      | Address: _____                       |
| <input type="checkbox"/> Authorized        | <u>200, Mooresville, NC 28117</u>               | <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 _____ |
| <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.

Ronald C. Lazas, Jr.  
Signature of an authorized person

Ronald C. Lazas, Jr.  
Typed or printed name of signer

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "ILLUMIA HEALTH, LLC" IS DULY FORMED  
UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND  
HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS  
OF THE TENTH DAY OF APRIL, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN  
ASSESSED TO DATE.



3399251 8300

SR# 20241392187

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 203223408

Date: 04-10-24