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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

Foreign Limited Liability Company
VANDERBILT INTERGRATED PROVIDERS, LLC

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

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. Vanderbilt Integrated Providers, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

2. Tennessee 3. 62-1650124
(Jurisdiction under the law of which foreign limited liability company is organized) (PEI number, if applicable)

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

5. 1161 21st Avenue South 6. 3322 West End Ave.
(Street Address of Principal Office) (Mailing Address)
MCN D-3300 Suite 1100
Nashville, TN 37232 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 Road
Plantation 33324
(City) , Florida (Zip code)

2024 MAY 29 PM 4:34

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, Assistant Secretary
(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: C. Wright Pinson

☐ Member Address: 1161 21st Avenue South

☒ Authorized MCN D-3300

Person Nashville, TN 37232

Other _____ ☐ Other _____

Title or Capacity: Name and Address:

☐ Manager Name: Megan M. Youngblood

☐ Member Address: 2147 Belcourt Ave.

☒ Authorized Suite 201

Person Nashville, TN 37212

Other _____ ☐ Other _____

☐ Manager Name: Wendy D. Monaci

☐ Member Address: 1301 Medical Center Dr.

☒ Authorized 3812 TVC

Person Nashville, TN 37232

Other _____ ☐ Other _____

☐ Manager Name: Karen F. Nanney

☐ Member Address: 3841 Green Hills Village Dr.

☒ Authorized Suite 200

Person Nashville, TN 37215

Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ 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.

Megan Youngblood

Signature of an authorized person



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

May 20, 2024

Request Type: Certificate of Existence/Authorization
Request #: 0584116

Issuance Date: 05/20/2024
Copies Requested: 1

Document Receipt

Receipt #: 009008482

Filing Fee: \$20.00

Payment-Credit Card - State Payment Center - CC #: 3874498148

\$20.00

Regarding: Vanderbilt Integrated Providers, LLC
Filing Type: Limited Liability Company - Domestic
Formation/Qualification Date: 07/09/1996
Status: Active
Duration Term: Perpetual
Business County: DAVIDSON COUNTY

Control #: 314744
Date Formed: 07/09/1996
Formation Locale: TENNESSEE
Inactive Date:

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 Integrated Providers, 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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