

14 MAY 23 PM 2:04  
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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

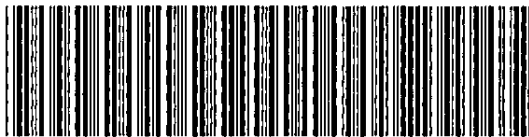
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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FILED  
2014 MAY 23 AM 10:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 139770 4319660

AUTHORIZATION :

COST LIMIT : \$125.00

ORDER DATE : May 19, 2014

ORDER TIME : 11:21 AM

ORDER NO. : 139770-045

CUSTOMER NO: 4319660

FOREIGN FILINGS

NAME: PRIORITY CARE SOLUTIONS, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight -- EXT# 62956

EXAMINER: \_\_\_\_\_

139770



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 27, 2014

CSC  
SUSIE KNIGHT

**RESUBMIT**  
Please give original  
submission date as file date.

SUBJECT: PRIORITY CARE SOLUTIONS, LLC  
Ref. Number: W14000032848

We have received your document for PRIORITY CARE SOLUTIONS, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable because it is the same as or not distinguishable from an existing entity. If the principals are the same in both entities, please send a letter or affidavit advising us of this association, along with your articles so that we may complete the filing process.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 714A00011322

RECEIVED  
DIVISION OF STATE  
CORPORATIONS  
2014 MAY 27 PM 4:15  
NOTED & PD  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

FILED

2014 MAY 23 AM 10:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PRIORITY CARE SOLUTIONS, INC.  
3802 Corporex Drive, Suite 100  
Tampa, FL 33619

CONSENT TO USE OF NAME

THE UNDERSIGNED, a Florida corporation, does hereby consent to the use of the name  
PRIORITY CARE SOLUTIONS, LLC by a Delaware limited liability company (the "LLC"), in  
connection with the LLC's qualification to do business in California.

IN WITNESS WHEREOF, the undersigned has caused this Consent to Use of Name to  
be signed on the 16<sup>th</sup> day of May, 2014.

PRIORITY CARE SOLUTIONS, INC.

BY:

D. SK. PT

Shannon L. Vissman, Chief Executive Officer

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A  
FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. Priority Care Solutions, 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. 30-0793427

(FEI 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. 3802 Corporex Drive, Suite 100, Tampa, Florida 33619

(Street Address of Principal Office)

6. 3802 Corporex Drive, Suite 100, Tampa, Florida 33619

(Mailing Address)

7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Priority Care Solutions, Inc. Member

3802 Corporex Drive, Suite 100, Tampa, Florida 33619

8. Attached is an original 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. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

Shannon L. Vissman

Signature of an authorized person

(In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

Shannon L. Vissman

Typed or printed name of signer

FILED  
2014 MAY 23 AM 10:54  
TALLAHASSEE, FLORIDA  
STATE DEPARTMENT OF STATE

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

Priority Care Solutions, LLC

If unavailable, the alternate to be used in the state of Florida is:

2. The name and the Florida street address of the registered agent and office are:

Priority Care Solutions, Inc.

(Name)

3802 Corporex Drive, Suite 100

Florida Street Address (P.O. Box NOT ACCEPTABLE)

Tampa

FL 33619

City/State/Zip

FILED  
2011 MAY 23 AM 10:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, Florida Statutes.*

PRIORITY CARE SOLUTIONS, INC.

By: D. St. Pierre

(Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

# Delaware

PAGE 1

*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PRIORITY CARE SOLUTIONS, 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 FOURTEENTH DAY OF MAY, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PRIORITY CARE SOLUTIONS, LLC" WAS FORMED ON THE TWENTY-SIXTH DAY OF JULY, A.D. 2013.

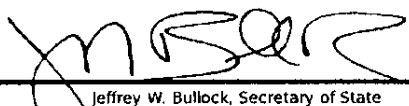
AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

5373868 8300

140627741

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



  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 1371028

DATE: 05-14-14