

Filing Fee: \$150.00

ID Number: _____



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615

LIMITED LIABILITY COMPANY

APPLICATION FOR REGISTRATION

RECEIVED
STATE
CORPORATIONS DIV
2009 AUG -5 AM 10:30

Pursuant to the provisions of Section 7-16-49 of the General Laws of Rhode Island, 1956, as amended, the undersigned foreign limited liability company hereby applies for a Certificate of Registration to transact business in the state of Rhode Island, and for that purpose submits the following statement:

1. The name of the limited liability company is:

AVANT HEALTHCARE PROFESSIONALS, LLC.

2. The name, if different, under which it proposes to register and transact business in Rhode Island is:

SAME AS ABOVE

3. The limited liability company is organized under the laws of FLORIDA

4. The date of its organization is JULY 2, 2008

5. The period of duration of the limited liability company is (if perpetual, so state) PERPETUAL

6. The address of the limited liability company's resident agent in Rhode Island is:

222 JEFFERSON BLVD. SUITE 200 WARWICK, RI 02886
(Street Address, not P.O. Box) (City/Town) (Zip Code)

and the name of the resident agent at such address is REGISTERED AGENT SOLUTIONS INC.
(Name of Agent)

7. The secretary of state is appointed the agent of the foreign limited liability company for service of process if at any time there is no resident agent or if the resident agent cannot be found or served following the exercise of reasonable diligence.

8. The address of any office required to be maintained in the state or other jurisdiction under the laws of which the limited liability company is organized is:

1265 S. SEMORAN BLVD SUITE 1221
WINTER PARK, FL 32792

9. The mailing address for the limited liability company is:

1265 S SEMORAN BLVD SUITE 1221
WINTER PARK, FL 32792

FILED

AUG 05 2009

By DS

10:30

09/05/2

10. Management of the Limited Liability Company:

- A. The limited liability company is to be managed ☐ by its members. *(If you have checked this box, go to item no. 11.)*

or

- B. The limited liability company is to be managed ☒ by one (1) or more managers. *(If the limited liability company has managers at the time of the filing of these Articles of Organization, state the name and address of each manager.)*

<u>Manager</u>	<u>Address</u>
<u>Shari Dingle Sandifer</u>	<u>402 NEUTRIN COURT WINTER SPRING FL 32708</u>
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11. This application is accompanied by a certificate of good standing duly authenticated by the secretary of state or other authorized officer of the jurisdiction under which the foreign limited liability company was organized.

Under penalty of perjury, I declare and affirm that I have examined this Application for Registration, including any accompanying attachments, and that all statements contained herein are true and correct.

Date: 07/31/29

ANATI HEALTHCARE PROFESSIONALS, LLC

Print Exact Name of Limited Liability Company Making Application

By

Shari Dingle Sandifer

Signature of authorized person

State of Florida

Department of State

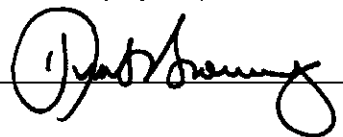
I certify from the records of this office that AVANT HEALTHCARE PROFESSIONALS, LLC is a limited liability company organized under the laws of the State of Florida, filed on July 2, 2003.

The document number of this limited liability company is L03000024191.

I further certify that said limited liability company has paid all fees due this office through December 31, 2009, that its most recent annual report was filed on May 5, 2009, and its status is active.

I further certify that said limited liability company has not filed Articles of Dissolution.

*Given under my hand and the Great Seal of
Florida, at Tallahassee, the Capital, this the
Twenty Ninth day of July, 2009*



Secretary of State



Authentication ID: 800159040168-072909-L03000024191

To authenticate this certificate, visit the following site, enter this ID, and then follow the instructions displayed.

<https://efile.sunbiz.org/certauthver.html>



State of Rhode Island and Providence Plantations

A. Ralph Mollis

Secretary of State

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly
executed in accordance with the provisions of Title 7 of the General Laws
of Rhode Island, as amended, has been filed in this office on this day:

A. RALPH MOLLIS

Secretary of State

