



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Application for Registration
FOREIGN Limited Liability Company

→ Filing Fee: \$150.00

Pursuant to the provisions of RIGL 7-16-49, 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:		
Vanderbilt Health Pharmacy Group, LLC		
Is this company organized in its state or country of formation as a low-profit limited liability company? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
The name, if different, under which it proposes to register and transact business in Rhode Island is:		
2. The LLC is organized under the laws of: Tennessee		
3. The date of its organization is: May 8, 2017		
And the period of its duration is: CHECK ONLY ONE BOX		
<input checked="" type="checkbox"/> Perpetual (on-going)		
<input type="checkbox"/> Date certain for dissolution _____		
4. The name and address of the resident agent/office in Rhode Island is:		
Agent Name National Registered Agents, Inc.		
Street Address (NOT a P.O. Box) 450 Veterans Memorial Parkway, Suite 7A		
City/Town East Providence,	State RHODE ISLAND	Zip Code 02914
5. The Department 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.		
6. 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:		
1161 21st Avenue South, MCN D-3300 Nashville, TN 37232		

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

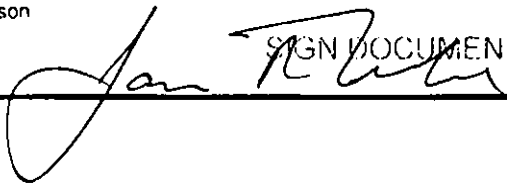
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FORM 450 Revised 08/2015

7. The mailing address for the limited liability company is: 2525 West End Ave., Suite 700 Nashville, TN 37203	
8. Management of the Limited Liability Company: The limited liability company is managed: <input type="checkbox"/> By its members (If you have checked this box, go to Section 9. (DO NOT fill out the chart below.) <input checked="" type="checkbox"/> By one (1) or more managers (List managers below)	
MANAGER	ADDRESS
J. Scott McCarver	1161 21st Avenue South, MCN D-3300 Nashville, TN 37232
Patty W. Wright	1161 21st Avenue South, MCN D-3300 Nashville, TN 37232
Karen F. Nanney	1161 21st Avenue South, MCN D-3300 Nashville, TN 37232
Todd W. Rice; James A Johns	1161 21st Avenue South, MCN D-3300 Nashville, TN 37232
9. This application is accompanied by a Certificate of Good Standing/Letter of Status issued by the proper officer of the state or country under the laws of which it is formed that is dated within 60 days of the filing of this document.	
10. Date when this application for Certificate of Registration will be effective: CHECK ONLY ONE BOX <input checked="" type="checkbox"/> Date received (Upon filing) <input type="checkbox"/> Later effective date (Date must be no more than 30 days from the day of filing) _____	
<i>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.</i>	
Type or Print Name of LLC Vanderbilt Health Pharmacy Group, LLC	Date 7/12/18
Signature of Authorized Person 	
SIGN DOCUMENT HERE	

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.

FORM 450 Revised 08/2016



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

ROBIN LUNDQUIST
SUITE 700
2525 WEST END AVE.
NASHVILLE, TN 37203

July 16, 2018

Request Type: Certificate of Existence/Authorization

Request #: 0282969

Issuance Date: 07/16/2018

Copies Requested: 1

Document Receipt

Receipt #: 004191310

Filing Fee: \$20.00

Payment-Credit Card - State Payment Center - CC #: 3735290607

\$20.00

Regarding: Vanderbilt Health Pharmacy Group, LLC

Filing Type: Limited Liability Company - Domestic

Control #: 902839

Formation/Qualification Date: 05/08/2017

Date Formed: 05/08/2017

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 Health Pharmacy Group, 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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Verification #: 028682835