

9/15/2020

Division of Corporations

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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  
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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please:

Email Address: \_\_\_\_\_

Foreign Limited Liability Company  
VIVAMAS MEDICAL CENTER - KENDALL, LLC

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

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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. VivaMas Medical Center - Kendall, L.L.C. (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. 85-2906452 (E.I. 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. c/o InnovaCare Health, L.P. (Street Address of Principal Office) 44 S. Broadway, First Floor White Plains, NY 10601

6. c/o InnovaCare Health, L.P. (Mailing Address) 44 S. Broadway, First Floor White Plains, NY 10601

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, Florida 33324 (City) (Zip code)

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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.

By: Kimberly Laughrey, Assistant Secretary (Registered agent's signature)

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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: Ronald Schutzen

Member Address: c/o InnovaCare Health, L.P.

Authorized 44 S. Broadway, First Floor

Person White Plains, NY 10601

Other President  Other \_\_\_\_\_

**Title or Capacity:** **Name and Address:**

Manager Name: Tony Mazzorana

Member Address: c/o InnovaCare Health, L.P.

Authorized 44 S. Broadway, First Floor

Person White Plains, NY 10601

Other Chief Operating Officer  Other \_\_\_\_\_

Manager Name: Arnie Paniagua

Member Address: c/o InnovaCare Health, L.P.

Authorized 44 S. Broadway, First Floor

Person White Plains, NY 10601

Other Chief Financial Officer  Other \_\_\_\_\_

Manager Name: Doug Malton

Member Address: c/o InnovaCare Health, L.P.

Authorized 44 S. Broadway, First Floor

Person White Plains, NY 10601

Other Vice President  Other \_\_\_\_\_

Manager Name: Paul Klausner

Member Address: c/o InnovaCare Health, L.P.

Authorized 44 S. Broadway, First Floor

Person White Plains, NY 10601

Other Secretary  Other \_\_\_\_\_

Manager Name: \_\_\_\_\_

Member Address: \_\_\_\_\_

Authorized \_\_\_\_\_

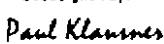
Person \_\_\_\_\_

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.

DocuSigned by:  
  
 :FB36D5133D9425... \_\_\_\_\_  
 Signature of an authorized person

Paul Klausner  
 \_\_\_\_\_  
 Typed or printed name of signer

# Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "VIVAMAS MEDICAL CENTER - KENDALL, 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 FIFTEENTH DAY OF SEPTEMBER, A. D. 2020.

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



*Jeffrey W. Bullock*  
 Jeffrey W. Bullock, Secretary of State

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SR# 20207278465

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

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