

11/13/2020

Division of Corporations

MA 0000010346

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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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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Fax Number : (954)288-0845

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

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2020 NOV 13 PM 12:23

**Foreign Limited Liability Company
FLORIDA CARE PARTNERS EAST, LLC**

Certificate of Status	0
Certified Copy	1
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SEP 11/16/20

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. Florida Care Partners East, 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. 85-3733602
(FEI number, if applicable)

4. Upon filing
(Date first transacted business in Florida, if prior to registration. See sections 603.0904 & 605.0905, F.S. to determine penalty liability)

5. One Park Plaza
(Street Address of Principal Office)
Nashville, TN 37203

6. P.O. Box 750
(Mailing Address)
Nashville, TN 37202

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)

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.

C T Corporation System
By: Nathan Giffin - Asst 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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Florida Care Partners, I.L.C</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Zeeshan Mahmood</u>
<input checked="" type="checkbox"/> Member	Address: <u>One Park Plaza</u>	<input type="checkbox"/> Member	Address: <u>6400 Sanger Road</u>
<input type="checkbox"/> Authorized	<u>Nashville, TN 37203</u>	<input type="checkbox"/> Authorized	<u>Orlando, FL 32827</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

<input checked="" type="checkbox"/> Manager	Name: <u>Zoe Goldstein</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Russ Young</u>
<input type="checkbox"/> Member	Address: <u>6400 Sanger Road</u>	<input type="checkbox"/> Member	Address: <u>450 E. Las Olas Blvd. #1100</u>
<input type="checkbox"/> Authorized	<u>Orlando, FL 32827</u>	<input type="checkbox"/> Authorized	<u>Fort Lauderdale, FL 33301</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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.

W. Tedrick Johnson
W. Tedrick Johnson (Nov 10, 2019 11:23 CST)
Signature of an authorized person

W. Tedrick Johnson
Type I or printed name of signer

Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FLORIDA CARE PARTNERS EAST, 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 THIRTEENTH DAY OF NOVEMBER, A.D. 2020.

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

11/13/20



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

3985443 8300

SR# 20208386547

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 204073011

Date: 11-13-20