

# M23 00000 6255

\_\_\_\_\_  
(Requestor's Name)

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

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

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

PICK-UP     WAIT     MAIL

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

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

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

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RECEIVED  
2023 MAY 12 AM 11:14  
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TALLAHASSEE FLORIDA  
SECRETARY OF STATE  
TALLAHASSEE, FL

3

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 712099 8404347  
AUTHORIZATION :   
COST LIMIT : \$ 125.00

ORDER DATE : May 1, 2023  
ORDER TIME : 5:19 PM  
ORDER NO. : 712099-005  
CUSTOMER NO: 8404347

FOREIGN FILINGS

NAME: MOZARC MEDICAL US 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: Eyllena Baker -- EXT#

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

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Mozarc Medical US LLC  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

John Glueck, Legal Counsel  
Name of Person

Mozarc Medical US, LLC  
Firm/Company

710 Medicine Parkway, Mpls, MN 55432  
Address

Minneapolis MN 55432  
City/State and Zip Code

john.glueck@mozarcmed.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John Glueck at (475) 218-7879  
Name of Contact Person Area Code Daytime Telephone Number

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy
- \$160.00 Filing Fee, Certificate of Status & Certified Copy

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. Mozarc Medical US 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. 88-3154875  
(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. 710 Medtronic Parkway  
(Street Address of Principal Office)

6. (Same)  
(Mailing Address)

Minneapolis MN 55432

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301  
(City) (Zip code)

FILED  
2023 MAY 12 PM 3:54  
SECRETARY OF STATE  
TALLAHASSEE, FL

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: Eylima Bahor  
Corporation Service Company  
Assistant Vice President  
(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):

*Please see attached Exhibit A*

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

  
 \_\_\_\_\_  
 Signature of an authorized person  
  
*John Glueck Legal Counsel*  
 \_\_\_\_\_  
 Typed or printed name of signee

# Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MOZARC MEDICAL US 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 FIRST DAY OF MAY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MOZARC MEDICAL US LLC" WAS FORMED ON THE THIRTIETH DAY OF JUNE, A.D. 2022.

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



6890886 8300

SR# 20231723084

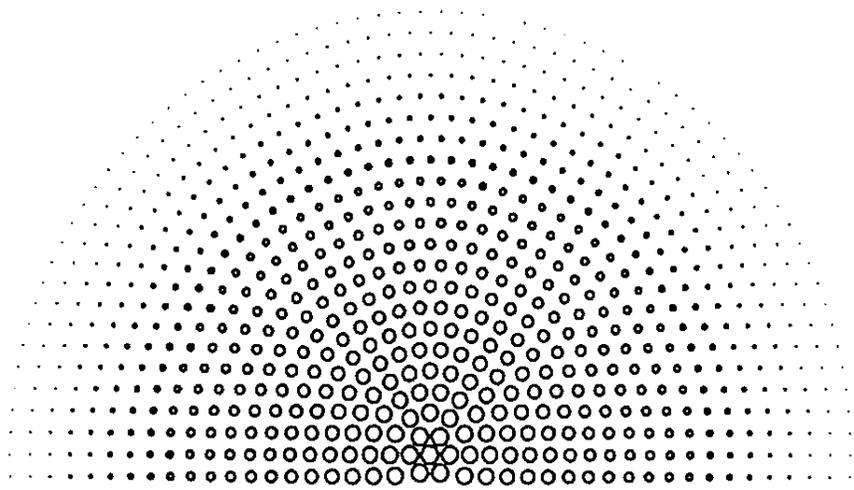
You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 203247294

Date: 05-01-23

BOARD OF DIRECTORS



**Mozarc**  
medical

Board of Managers Directory  
Members Directory  
May 2023

## Board of Managers Directory

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### **Joel Ackerman**

Street Address

City, ST ZIP Code

[joel.ackerman@davita.com](mailto:joel.ackerman@davita.com)

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### **Christopher Cleary**

710 Medtronic Parkway

Minneapolis, MN 55432

[chris.cleary@medtronic.com](mailto:chris.cleary@medtronic.com)

763-505-3003

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### **James Corbett**

28159 Avenue Stanford, Suite 220

Valencia, CA 91355

[James.m.corbett@gmail.com](mailto:James.m.corbett@gmail.com)

[jcorbett@avitamedical.com](mailto:jcorbett@avitamedical.com)

949-395-1214

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### **Scott Doniger**

2000 16<sup>th</sup> Street

Denver, CO 80202

[scott.doniger@davita.com](mailto:scott.doniger@davita.com)

303-876-6431

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## Board of Managers Directory

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### **Kimberly Lody**

#### Address

Chagrin Falls, OH  
[kimlody33@gmail.com](mailto:kimlody33@gmail.com)  
612-594-9122

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### **Bob White**

710 Medtronic Parkway  
Minneapolis, MN 55432  
[bob.white@medtronic.com](mailto:bob.white@medtronic.com)  
303-305-2251

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### **venkatesh Manda**

710 Medtronic Parkway  
Minneapolis, MN 55432  
[ven.manda@mozarcmedical.com](mailto:ven.manda@mozarcmedical.com)  
763-505-4062

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## Member Directory

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Medtronic Inc.

710 Medtronic Parkway

Minneapolis, MN 55432

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DaVita Inc.

2000 16th Street

Denver, CO 80202

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