

# M230000006419

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.  
Account Number : I20160000017  
Phone : (855)498-5500  
Fax Number : (800)432-3622

**\*\*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  
ASHFIELD HEALTH LLC**

Certificate of Status	0
Certified Copy	1
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TALLAHASSEE, FL

2023 MAY 17 PM 1:49

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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. ASHFIELD HEALTH 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 3. 20-8512445  
(Jurisdiction under the law of which foreign limited liability company is organized) (FID number, if applicable)

4. 05/15/2023  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 300 VESEY STREET, 10TH FLOOR 6. 300 VESEY STREET, 10TH FLOOR  
(Street Address of Principal Office) (Mailing Address)

NEW YORK, NY 10282

NEW YORK, NY 10282

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

Name: Capitol Corporate Services, Inc.

Office Address: 515 East Park Avenue 2nd Fl

Tallahassee, Florida 32301  
(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.*

Shawna L. Smith

(Registered agent's signature)

Shawna L. Smith, Asst. Secretary on behalf  
of Capitol Corporate Services, Inc.

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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: TERRI GREENLEY

☐ Member Address: 300 VESEY STREET, 10TH FLOOR

☐ Authorized NEW YORK, NY 10282

Person \_\_\_\_\_

☒ Other PRESIDENT ☐ Other \_\_\_\_\_

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

☐ Manager Name: ROB HENDERSON

☐ Member Address: 800 TOWNSHIP LINE ROAD, STE 300

☐ Authorized YARDLEY, PA 19067

Person \_\_\_\_\_

☒ Other SECRETARY ☐ Other \_\_\_\_\_

☐ Manager Name: MELISSA MACARELLI

☐ Member Address: 1100 VIRGINIA DR, STE 200

☐ Authorized FORT WASHINGTON, PA 19034

Person \_\_\_\_\_

☒ Other ASSISTANT SECRETARY ☐ Other \_\_\_\_\_

☐ Manager Name: MAGNA HEALTHCARE INC.

☒ Member Address: 300 VESEY STREET, 10TH FLOOR

☐ Authorized NEW YORK, NEW YORK 10282

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ 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.

*Melissa Macarelli*

Signature of an authorized person

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# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "ASHFIELD HEALTH 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 SEVENTEENTH DAY OF MAY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ASHFIELD HEALTH  
LLC" WAS FORMED ON THE SIXTH DAY OF FEBRUARY, A.D. 2007.

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



4296781 8300

SR# 20232119025

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.

Jeffrey W. Bullock, Secretary of State

Authentication: 203365435

Date: 05-17-23