

A21000000074

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

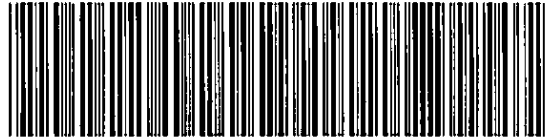
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500360401245

02/19/21--01018--014 **1000.00

02/19/21 3:00:07

45
2/10/21
22

FILED
2021 FEB 19 PM 4:22
SECRETARY OF STATE
TALLAHASSEE, FL

FLORIDA FILING & SEARCH SERVICES, INC.

**P.O. BOX 10662 TALLAHASSEE, FL 32302
155 Office Plaza Dr Ste A Tallahassee FL 32301
PHONE: (800) 435-9371; FAX: (866) 860-8395**

DATE: 2/19/2021

NAME: FWC OPERATIONS, LP

TYPE OF FILING: CERTIFICATE OF LIMITED PARTNERSHIP

COST: 1,000.00 - CHECK IS ATTACHED

RETURN: PLAIN COPY PLEASE

SECRETARY OF STATE
TALLAHASSEE, FL

2021 FEB 19 PM 4:22

FILED

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

* File Second *

**CERTIFICATE OF LIMITED PARTNERSHIP
FOR
FLORIDA LIMITED PARTNERSHIP
OR
LIMITED LIABILITY LIMITED PARTNERSHIP**

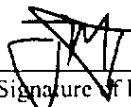
1. FWC Operations, LP
(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix) Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd. Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

2. 1501 Yamato Rd, Suite 200W, Boca Raton, FL 33431
(Street address of initial designated office)

3. BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.
(Name of Registered Agent for Service of Process)

4. 155 Office Plaza Drive, 1st Fl.
(Florida street address for Registered Agent)
TALLAHASSEE, FL 32301

5. *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.*



Signature of Registered Agent

6. 1501 Yamato Rd, Suite 200W, Boca Raton, FL 33431
(Mailing address of initial designated office)

7. If limited partnership elects to be a limited liability limited partnership, check box ☐.

FILED
2021 FEB 19 PM 4:22
SECRETARY OF STATE
TALLAHASSEE, FL

8. Name and business address of each general partner:

Name:

Business Address:

Unified Physician Management GP, LLC

c/o Ares Management Corporation

2000 Avenue of the Stars, 12th Floor

Los Angeles, CA 90067

FILED

2021 FEB 19 PM 4:22

SECRET
FLORIDA DEPT. OF STATE
TALLAHASSEE, FL

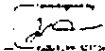
9. Effective date, if other than the date of filing: _____

(Effective date cannot be prior to nor more than 90 days after the date the document is filed by the Florida Department of State.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Signed this 15th day of February, 2021

Signature of each general partner: I/We submit this document and affirm that the facts stated herein are true. I/We am/are 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.



Authorized Person for Unified Physician Management GP, LLC

Filing Fees:

\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75