

B21000000151

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

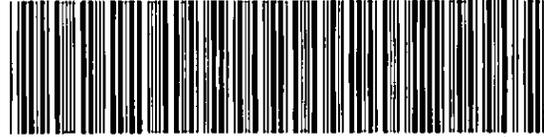
(Business Entity Name)

(Document Number)

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2021 APR 12 AM 2:07  
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APPROVED  
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**DATE: 4/12/21**

**NAME: UNIFIED WOMEN'S HEALTHCARE, LP**

**TYPE OF FILING: APPLICATION**

**COST: 1,000.00 - CHECK IS ATTACHED**

**RETURN: PLAIN COPY PLEASE**

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~~ACCOUNT: ECA000000015~~

~~AUTHORIZATION: ABBIE/PAUL HODGE~~

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*\* File second \**

APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP TO TRANSACT BUSINESS IN FLORIDA

1. UNIFIED WOMEN'S HEALTHCARE, 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.

If name unavailable, name under which the limited partnership or limited liability limited partnership proposes to register to transact business in Florida; must contain acceptable suffix.

2. DELAWARE State or Country of Formation
3. 7/31/2013 Date of Formation

4. Federal Employer Identification Number: 26-3930592

5. Name of Registered Agent for Service of Process and Florida Street Address:

UPM Service Corp
1501 Yamato Road, Suite 200W
Boca Raton, FL 33431

6. 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

7. Principal Office:
1501 Yamato Road, Suite 200 West
Boca Raton, FL 33431

8. Mailing Address:
1501 Yamato Road, Suite 200 West
Boca Raton, FL 33431

2021 APR 12 AM 10:40

APPROVED

9. If limited partnership is a limited liability limited partnership, check box. [ ]

10. Name, principal office address, and mailing address of each general partner:

Name of General Partner: Unified Physician Management GP, LLC Partner:

Street Address: 2000 Avenue of the Stars, 12th Floor Street Address:
Los Angeles, CA 90067

Mailing Address: Mailing Address:

Name of General Partner: Name of General Partner:

Street Address: Street Address:

Mailing Address: Mailing Address:

Name of General Partner: \_\_\_\_\_ Name of General Partner: \_\_\_\_\_

Street Address: \_\_\_\_\_ Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

11. Effective date, if other than the date of filing: \_\_\_\_\_

(Effective date cannot be prior to nor more than 90 days after the date this 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.

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the Florida Department of State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under the law of which it is organized.

Signed this 6th day of April, 20 21

 Authorized signer for Unified Physician Management GP, LLC

Signature of a general partner

The individual signing this document affirms that the facts stated herein are true and the individual is aware that 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.

<b>Filing Fees:</b>	<b>\$1,000.00</b> (\$965 Filing Fee and \$35 Registered Agent Fee)
<b>Certified Copy (optional):</b>	<b>\$52.50</b>
<b>Certificate of Status (optional):</b>	<b>\$8.75</b>

# Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "UNIFIED WOMEN'S HEALTHCARE, LP" 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 SEVENTH DAY OF APRIL, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "UNIFIED WOMEN'S HEALTHCARE, LP" WAS FORMED ON THE THIRTY-FIRST DAY OF JULY, A.D. 2013.

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



5376201 8300

SR# 20211209833

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: 202914737

Date: 04-07-21