

7/6/22 10:31 AM

Division of Corporations

Florida Department of State  
Division of Corporations  
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To:

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

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (954)208-0845  
Fax Number : (614)573-3996

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

Email Address: \_\_\_\_\_

**FLORIDA/FOREIGN LP/LLLP**  
**InnovaCare U.S., L.P.**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$1,052.50

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

1. INNOVACARE U.S., L.P.

(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 L.L.P.

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. Delaware3. 07/08/2019

State or Country of Formation

Date of Formation

4. Federal Employer Identification Number 84-2388128

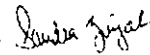
5. Name of Registered Agent for Service of Process and Florida Street Address:

C T Corporation System1200 South Pine Island RoadPlantation, Florida 33324

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.

By: C T Corporation System  
Sandra Zwiack, Assistant Secretary

Signature of Registered Agent

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7. Principal Office:

6900 Tavistock Lakes Blvd, Ste 300Lake Nona, FL 32827

8. Mailing Address:

6900 Tavistock Lakes Blvd, Ste 300Lake Nona, FL 328279. 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: Richard Shinto, MDStreet Address: 6900 Tavistock Lakes Blvd, Ste 300Lake Nona, FL 32827Mailing Address: 6900 Tavistock Lakes Blvd, Ste 300Lake Nona, FL 32827Name of General Partner: Douglas MaltonStreet Address: 6900 Tavistock Lakes Blvd, Ste 300Lake Nona, FL 32827Mailing Address: 6900 Tavistock Lakes Blvd, Ste 300Lake Nona, FL 32827Name of General Partner: Chris GordonStreet Address: 6900 Tavistock Lakes Blvd, Ste 300Lake Nona, FL 32827Mailing Address: 6900 Tavistock Lakes Blvd, Ste 300Lake Nona, FL 32827Name of General Partner: David HutchinsStreet Address: 6900 Tavistock Lakes Blvd, Ste 300Lake Nona, FL 32827Mailing Address: 6900 Tavistock Lakes Blvd, Ste 300Lake Nona, FL 32827

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Name of General Partner:	JP Chilazi	Name of General Partner:	
Street Address:	6900 Tavistock Lakes Blvd, Ste 300	Street Address:	
	Lake Nona, FL 32827		
Mailing Address:	6900 Tavistock Lakes Blvd, Ste 300	Mailing Address:	
	Lake Nona, FL 32827		

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 04 5th day of July, 2022

DocuSigned by:



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

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

# Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "INNOVACARE U.S., L.P." 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 SIXTH DAY OF JULY, A.D. 2022.

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



7504203 8300

SR# 20222912740

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: 203843608

Date: 07-06-22