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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

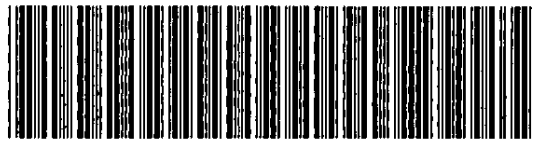
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 20 2016
Y SULKER

WLB-26006



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 18, 2016

DANIELLE BONGIOVANNI
6400 MAIN STREET SUITE 210
WILLIAMSVILLE, NY 14221

SUBJECT: NOVA HEALTHCARE ADMINISTRATOR, INC.
Ref. Number: W16000036006

We have received your document for NOVA HEALTHCARE ADMINISTRATOR, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker
Regulatory Specialist II

Letter Number: 816A00010527

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANACT BUSINESS IN THE STATE OF FLORIDA.

1. Nova Healthcare Administrators, Inc.
 (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

Nova Healthcare
 (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. New York 3. 16-6443379
 (State or country under the law of which it is incorporated) (FEI number, if applicable)

4. October 3, 1996 5. _____
 (Date of incorporation) (Date of duration, if other than perpetual)

6. January 1, 2016
 (Date first transacted business in Florida, if prior to registration)
 (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 6400 Main Street, Suite 210, Williamsville, NY 14221
 (Principal office address)

Same
 (Current mailing address, if different)

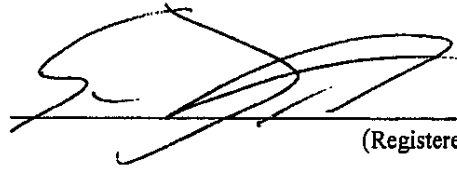
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8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road
Broward County Plantation, Florida 33324
 (City) (Zip code)

9. Registered agent's acceptance:
Having been named as registered agent and to accept service of process for the above stated corporation 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.


 Sean McDermott
 Vice President
 (Registered agent's signature)

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

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Michael Cropp, M.D.

Address: 511 Farber Lakes Drive
Williamsville, NY 14221

Vice Chairman: John Mineo, Esq.

Address: 511 Farber Lakes Drive
Williamsville, NY 14221

Director: Mark Johnson

Address: 511 Farber Lakes Drive
Williamsville, NY 14221

Director: John Rodgers

Address: 511 Farber Lakes Drive
Williamsville, NY 14221

B. OFFICERS

President: Laura M. Hirsch

Address: 6400 Main Street, Suite 210
Williamsville, NY 14221

Vice President: _____

Address: _____

Secretary: John Mineo, Esq.

Address: 511 Farber Lakes Drive, Williamsville, NY 14221

Treasurer: Mark Johnson

Address: 511 Farber Lakes Drive, Williamsville, NY 14221

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NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. *Laura M. Hirsch*
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she 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.

13. Laura M. Hirsch, President

(Typed or printed name and capacity of person signing application)

State of New York
Department of State } **ss:**

I hereby certify, that the Certificate of Incorporation of NOVA HEALTHCARE ADMINISTRATORS, INC. was filed on 10/03/1996, under the name of NOVA ACQUISITION CORP., with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

A Certificate of Amendment NOVA ACQUISITION CORP., changing its name to NOVA HEALTHCARE ADMINISTRATORS, INC., was filed 01/08/1999.



*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 21st day of April two
thousand and sixteen.*

Anthony Scardino

Executive Deputy Secretary of State