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- (R	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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· (D	ocument Number)	· -
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Certified Copies	Certificates o	of Status
Special Instructions to	Filing Officer:	

Office Use Only



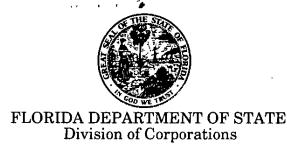
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May 18, 2016

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 TRANSACT BUSINESS IN FLORIDA

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

(Enter name of one "Inc.," "Co.," "Co.," "Co.,"	corporation; must include "INCORPORATED," "Corp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION,"	
Nova Healthca	re	•	
(If name unavail	lable in Florida, enter alternate corporate name add	opted for the purpose of transacting b	business in Florida)
New York	3.	5-6443379	
(State or count October 3, 1996	ry under the law of which it is incorporated)	(FEI number, if appli	cable)
	e of incorporation)	(Date of duration, if other tha	an perpetual)
6400 Main Street	(Date first transacted business in FI (SEE SECTIONS 607.1501 & 607.1502 c, Suite 210, Williamsville, NY 14221		
Same	(Principal o	ffice address)	16 JU
	(Current mailing a	ddress, if different)	NI7 I
Name and street	et address of Florida registered agent: (P.O. E	lox NOT acceptable)	7.00
Name:	C T Corporation System	_	2: 38 STATE LORID
ffice Address:	1200 South Pine Island Road		- WS
	Broward County Plantation	33324 , Florida	•
	(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 Michael Cropp, M.D. Chairman: 511 Farber Lakes Drive Address: Williamsville, NY 14221 John Mineo, Esq. Vice Chairman: 511 Farber Lakes Drive Address: Williamsville, NY 14221 Mark Johnson Director: 511 Farber Lakes Drive Address: Williamsville, NY 14221 John Rodgers Director: 511 Farber Lakes Drive Address: Williamsville, NY 14221 **B. OFFICERS** Laura M. Hirsch President: 6400 Main Street, Suite 210 Address: Williamsville, NY 14221 Vice President: Address: John Mineo, Esq. Secretary: 511 Farber Lakes Drive, Williamsville, NY 14221 Address: Mark Johnson Treasurer: 511 Farber Lakes Drive, Williamsville, NY 14221 Address: NOTE: If negessary, you may attach an addendum to the application listing additional officers and/or directors. 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. Laura M. Hirsch, President

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

NOVA HEALTHCARE ADMINISTRATORS, INC. BOARD OF DIRECTORS

Board Member Since:

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	Manual Indiana	MENDINGS NOUS NO		A PRINCE	W.	
Michael Cropp, M.D.	President &	Voting	1 635-3995	250-7135		204-8439
President & CEO	Board Chairman					
ndependent Health	*2/19/2003		Cell:		Executive Assistant: Bobbi Neuschel	
111 Farber Lakes Drive			864-2252		635 4935	
Villiamsville, NY 14221						
John Mineo, Esq.	Secretary	Voting	9 635-4943	635-3838	John Mineo@independenthealth.com 1652	652-0514
VP & General Counsel	Board Member					
ndependent Health	*6/12/2012		Cell:		Executive Assistant: Maria Behm	
i11 Farber Lakes Drive			245-1546		635-3726	
Villiamsville, NY 14221						
			ľ			
nark Johnson	Ireasurer	Voting	9 635-3710	250-7135	250-7135 Mark Johnson@independenthealth.com 689-	689-6144
VP & CFO	Board Member					
ndependent Health	*2/19/2003		Cell:	1	Executive Assistant: Darlene Schwenk	
11 Farber Lakes Drive			548-5788		635-4935	
Villiamsville, NY 14221						
					ĺ	
	Board Member	Voting	635-3630	631-8857	631-8857 John Rodgers@independenthealth.com 652-	652-4348
ng Officer	*9/16/2008					
ndependent Health			Cell:	ļ.	Executive Assistant: Nanette D'Orazio	
77 International Drive			550-2768	1	635-3881	
Suffaio, NY 14221						
homas Foels, MD	Board Member	Voting	635-3854	250-7188	250-7188 Thomas. Foels@independenthealth.com 741-	741-4802
VP, Chief Medical Officer	*12/7/2010					
ndependent Health			Cell:	-	Executive Assistant: Cindy White	
11 Farber Lakes Drive			908-1586	<u> </u>	635-3850	,
Suffalo, NY 14221						
		H	•			
Aichael Faso	Board Member	Voting	635-4986	250-7150	250-7150 Michael Faso@independenthealth.com 741-	741-7427
SVP, Finance & New		 				
Business Development	*9/11/2007			4	Admin Assistant: Sandy Zahn	
ndependent Health			Cell:		635-3991	
11 Farber Lakes Dr.			479-8546			
3uffalo, NY 14221						
			1101111			•

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Board Member *12/7/2010

aura Hirsch resident

932-5080 Ismith@novahealthcare.com

932-5100

Voting

308-8015 Cell:

The term of the Directors shall be for one (1) year).

Villiamsville, NY 14221 Administrators, Inc. 400 Main Street Vova Healthcare

Executive Assistant: Debbie Bielawa 631-3001, Ext. 2680

692-9872

State of New York SS: **Department of State**

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.

Continy Sicidina

Executive Deputy Secretary of State