

2/14/2017

Division of Corporations

F1700000708Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000043020 3)))



H170000430203ABCR

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

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

Email Address: _____

FILED
2017 FEB 14 A 10:27
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS**FOREIGN PROFIT/NONPROFIT CORPORATION****Steward Medical of Florida, Inc.**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

RECEIVED

2017 FEB 14 PM 3:32

TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

D. BRUCE
FEB 15 2017

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.

1. Steward Medical of Florida, Inc.
 (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

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

2. DELAWARE 3. _____
 (State or country under the law of which it is incorporated) (FBI number, if applicable)
4. 2/9/2017 5. _____
 (Date of incorporation) (Date of duration, if other than perpetual)

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

7. 111 HUNTINGTON AVENUE, SUITE 1800, BOSTON, MA 02199
 (Principal office address)
- _____ (Current mailing address, if different)

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

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.

C T Corporation System

By: Kimberly A. Laughrey
 (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.

FILED
 2017 FEB 14 A 10:27
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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

A. DIRECTORSChairman: Ralph de la TorreAddress: 111 HUNTINGTON AVENUE, SUITE 1800, BOSTON, MA 02199Vice Chairman: Mark RichAddress: 111 HUNTINGTON AVENUE, SUITE 1800, BOSTON, MA 02199Director: Joseph C. Maher, Jr.Address: 111 HUNTINGTON AVENUE, SUITE 1800, BOSTON, MA 02199

Director: _____

Address: _____

B. OFFICERSPresident: Ralph de la TorreAddress: 111 HUNTINGTON AVENUE, SUITE 1800, BOSTON, MA 02199

Vice President: _____

Address: _____

Secretary: Joseph C. Maher, Jr.Address: 111 HUNTINGTON AVENUE, SUITE 1800, BOSTON, MA 02199Treasurer: Mark RichAddress: 111 HUNTINGTON AVENUE, SUITE 1800, BOSTON, MA 02199**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. _____

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. _____

Joseph C. Maher, Jr., Esq.

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

FILED
2017 FEB 14 A 10:27
CLERK OF STATE
TALLAHASSEE, FLORIDA

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "STEWART MEDICAL OF FLORIDA, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTEENTH DAY OF FEBRUARY, A.D. 2017.

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



6311578 8300

SR# 20170883204

You may verify this certificate online at 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 in a small font.

Authentication: 202034524

Date: 02-14-17