4/18/2017

Division of Corporations



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.

(((H170001061143)))



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			ther cover sheet.	~
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To:	.d			20
	ision of Cor			
Fax	Number	: (850)617-6383	CB .	•
From:				=
		: C T CORPORATION		خلب

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

: (954)208-0845

Email	Address:			

### FOREIGN PROFIT/NONPROFIT CORPORATION

## Steward Health Care Network, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$78.75

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Corporate Filing Menu

Help HARRIS

## COVER LETTER

	tration Section on of Corpora					
SUBJECT:	Steward Healt	h Care Network, Inc.				
		Name of corpora	atlon	- must include suffix		
Dear Sir or Ma	adam;					
"Cartificate of	"Existence," o	by Foreign Corporation or "Certificate of Good reporation to transact bu	Stand	Authorization to Transact ! ling" and check are submi is in Florida.	Business in Florida," itted to register the	
Please return a	ill correspond	ence concerning this m	atter	to the following:		
		Nami	s of P	6raon		
Steward Health	Care Network	, Inc.		••••		
<del>v</del>	· · · · ·	Firm/	Comp	pany		
111 Huntington	Avenue, Suite	1800				
		A	ddres	38		
Boston, MA 02	199					
		City/Sta	ate an	d Zip code		
	F	mail address: (to be u	sed fo	er future annual report not	fication)	
For further info		corning this matter, plea		·	. <b>'</b>	
Mark Rich		at (617		419-4714		
Name	of Person	Arca	Code	Daytime Telephor	ne Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Cilfion Building 2661 Executive Center Circle Tallahassee, FL 32301			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
Enclosed is a c	heck for the f	following amount:				
🗖 \$70,00 Fili	ng Fee 🗇	\$78.75 Filing Poe & Certificate of Status		\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy	

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

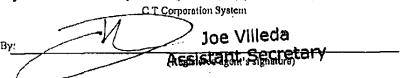
IN COMPLIANCE WITH SECTION 607, 1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

ic name unitable	able in Florida, enter alternato corporate nama a	dopted for the purpose of transacting business in Florida)
Delaware	3.	
(State or count	y under the law of which it is incorporated)	(FE) number, if applicable)
07/16/2010	5.	
(Date	of incorporation)	(Date of duration, if other than perpetual)
N/A		•
11 Huntington	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150	
	(Princips	el office address)
	(C).	, , , , , , , , , , , , , , , , , , , ,
		g address, if different)
lame and stro		3 address, if different)
	Curront mailing	3 address, if different)
Nanze;	(Current mailing extended agents) (P.O.	3 address, if different)
	(Current mailing or addross of Florida registered agent: (P.O. C T Corporation System	3 address, if different)

9. Registered agent's acceptance:

Or annual Martin Danie Statements Bare

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.



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: None		_
Address:		<del></del>
		_
Vice Chairman:		
Address:	<del></del>	<del></del>
		<b>-</b>
Director: Sanjay Shetty, M.D.		<del></del>
Address: 111 Huntington Ave., Suite 1800, Boston, MA 02199		_
	17	_
Joseph Weinstein, M.D.	APR	
Address: HI Huntington Ave., Suite 1800, Boston, MA 02199	<u> </u>	3 % m
	<b>3</b>	
B. OFFICERS	9.	
resident: Mark Girard, M.D.	25	_ <u>@</u> Fi 7
ddress:		_
		_
/Ice President: Nane		_
vidrase:	·	_
7)		_
ecretary:		
address: 111 Huntington Ave., Suite 1800, Boston, MA 02199		
Mark Rich		
Address: 111 Huntington Ave., Suite 1800, Boston, MA 02199		_
HOTE: If necessary, you may attach an addendum to the application listing additional officers and/or dire	etors.	
2. Johnson		_
Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirms that the facts of the true and that he or she is aware that false information submitted in a document to the Department of Stathlird degree felony as provided for in s.817.155, F.S.	stated heroin ite constitutes	
3. Joseph C. Maher, Jr., Secretary  (Typed or printed name and capacity of person signing application)	. <del></del>	_
( I you of dringed made and capacity of person signing addression)		

#### To: Page 7 of 8

## Additional Directors Steward Health Care Network, Inc. Application by Foreign Corporation for Authorization to Transact Business in Florida

Ralph de la Torre 111 Huntington Ave., Suite 1800 Boston, MA 02199

John Donlan 111 Huntington Ave., Suite 1800 Boston, MA 02199

John Polanowicz
111 Huntington Ave., Suite 1800
Boston, MA 02199

Mark Girard, M.D.
111 Huntington Ave., Suite 1800
Boston, MA 02199

Daniel Brown, M.D. 111 Huntington Ave., Suite 1800 Boston, MA 02199

17 AFR 19 AM 9:5

# <u>Delaware</u>

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "STEWARD HEALTH CARE NETWORK, 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 EIGHTEENTH DAY OF APRIL,

A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

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

4849317 8300

SR# 20172583102

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202391325

Date: 04-18-17