

4/9/2018

Division of Corporations

F/8000112099/681

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 : (514)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: _____

FOREIGN PROFIT/NONPROFIT CORPORATION**Partners Healthcare SP, Inc.**

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
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| Estimated Charge | \$78.75 |

RECEIVED

2018 APR 10 AM 9:55

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
18 APR 10 AM 9:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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SIMMONS
APR 11 2018

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

1. PARTNERS HEALTHCARE SP, INC.

(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

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

2. Massachusetts (State or country under the law of which it is incorporated) 3. (FEI number, if applicable)
4. May 30, 2017 (Date of Incorporation) 5. perpetual (Duration: Year corp. will cease to exist or "perpetual")
6. upon filing (Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 800 Boylston St, Suite 1150 Boston, MA 02199

(Principal office address)

800 Boylston St, Suite 1150 Boston, MA 02199

(Current mailing address)

8. Provide specialty pharmacy medications and clinical management services
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

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

Name: C T Corporation System

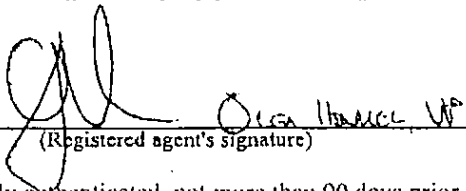
Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(City) (Zip Code)

10. 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:  (Registered agent's signature)

11. 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.

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SEC. OF STATE
TALLAHASSEE, FLORIDA

12. Names and addresses of officers and/or directors

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Peter Markell

Address: 800 Boylston St, Suite 1150 Boston, MA 02199

Director: John Fanikos

Address: 75-FRANCIS ST. BOSTON, MA 02115

B. OFFICERS

President: Michael Carter

Address: 800 Boylston St, Suite 1150 Boston, MA 02199

Vice President: _____

Address: _____

Secretary: Laura Khoshbin

Address: 800 Boylston St, Suite 1150 Boston, MA 02199

Treasurer: Peter Markell

Address: 800 Boylston St, Suite 1150 Boston, MA 02199

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

13. _____
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)14. Michael Carter - President
(Typed or printed name and capacity of person signing application)FILED
APR 10 AM 9:43
CLERK OF THE
COURT
HARRISBURG, PENNSYLVANIA



William Francis Galvin
Secretary of the
Commonwealth

The Commonwealth of Massachusetts
Secretary of the Commonwealth
State House, Boston, Massachusetts 02133

April 6, 2018

TO WHOM IT MAY CONCERN:

I hereby certify that

PARTNERS HEALTHCARE SP, INC.

appears by the records of this office to have been incorporated under the General Laws of this Commonwealth on May 30, 2017 (Chapter 180).

I also certify that so far as appears of record here, said corporation still has legal existence.



In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

William Francis Galvin
Secretary of the Commonwealth