

F20000004130

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

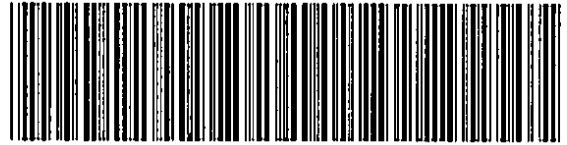
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SEP 24 2020

M. SOLOMON

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Innovative Long Term Care Management, Inc.  
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Laura Manchester

Name of Person

AllyAlign Health, Inc.

Firm/Company

10900 Nuckols Road, Suite 110

Address

Glen Allen, VA 23060

City/State and Zip code

regulatoryaccounting@allyalign.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Laura Manchester

at ( 856 ) 264-1325

Name of Person

Area Code

Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &  
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.*

1. Innovative Long Term Care Management, 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

(State or country under the law of which it is incorporated)

3. 81-2203173

(FEI number, if applicable)

4. 2/17/2016

(Date of incorporation)

5. \_\_\_\_\_

(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. 10900 Nuckols Road, Suite 110, Glen Allen, VA 23060

(Principal office street address)

(Current mailing address, if different)

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301

(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.*

Corporation Service Company

Sandra Younker

(Registered agent's signature)

Sandra Younker, Asst, VP

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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

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TALLAHASSEE, FLORIDA

**A. DIRECTORS**

☐ Chairman Name: Will F. Saunders

☐ Vice Chairman Address: 10900 Nuckols Rd, Suite 110

☒ Director Glen Allen, VA 23060

☐ President \_\_\_\_\_

☐ Vice President \_\_\_\_\_

☐ Secretary ☐ Treasurer

☒ Other CEO ☐ Other \_\_\_\_\_

☐ Chairman Name: Julianne Hug

☐ Vice Chairman Address: 10900 Nuckols Rd, Suite 110

☐ Director Glen Allen, VA 23060

☐ President \_\_\_\_\_

☐ Vice President \_\_\_\_\_

☒ Secretary ☒ Treasurer

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: Amy Kaszak

☐ Vice Chairman Address: 10900 Nuckols Rd, Suite 110

☐ Director Glen Allen, VA 23060

☐ President \_\_\_\_\_

☐ Vice President \_\_\_\_\_

☐ Secretary ☐ Treasurer

☒ Other President of Speci ☐ Other \_\_\_\_\_

☐ Chairman Name: Paul Wallace

☐ Vice Chairman Address: 20 Burton Hills Blvd, Suite 150

☒ Director Nashville, TN 37215

☐ President \_\_\_\_\_

☐ Vice President \_\_\_\_\_

☐ Secretary ☐ Treasurer

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: Robert Schulz

☐ Vice Chairman Address: 565 Fifth Avenue, 26th Floor

☒ Director New York, NY 10017

☐ President \_\_\_\_\_

☐ Vice President \_\_\_\_\_

☐ Secretary ☐ Treasurer

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: Kenneth Paulus

☐ Vice Chairman Address: 2900 Ames Crossing Road

☒ Director Eagan, MN 55121

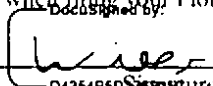
☐ President \_\_\_\_\_

☐ Vice President \_\_\_\_\_

☐ Secretary ☐ Treasurer

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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

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TALLAHASSEE, FLORIDA

11.

A. DIRECTORS (continued)

William Lucia, Board Member	5615 High Point Drive Irving, TX 75038
Peter Tedesco, Board Member	565 Fifth Avenue, 26th Floor, New York, NY 10017
Michael Mirt, Board Member	9292 Wardley Park Lane Brentwood, TN 37027

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CLERK OF STAFF  
CLERK OF STAFF

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT "INNOVATIVE LONG TERM CARE MANAGEMENT, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF INCORPORATION, FILED THE SEVENTEENTH DAY OF FEBRUARY, A.D. 2016, AT 12:24 O'CLOCK P.M.

RESTATED CERTIFICATE, FILED THE THIRTEENTH DAY OF APRIL, A.D. 2016, AT 1:03 O'CLOCK P.M.

RESTATED CERTIFICATE, FILED THE FIRST DAY OF DECEMBER, A.D. 2016, AT 1:46 O'CLOCK P.M.

RESTATED CERTIFICATE, FILED THE TWENTY-FOURTH DAY OF APRIL, A.D. 2017, AT 2:38 O'CLOCK P.M.

CERTIFICATE OF AMENDMENT, FILED THE FIRST DAY OF NOVEMBER, A.D. 2017, AT 10 O'CLOCK A.M.



5966305 8310

SR# 20206479484

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://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: 203410978

Date: 08-05-20

# Delaware

The First State

Page 2

RESTATED CERTIFICATE, FILED THE TWENTY-SEVENTH DAY OF NOVEMBER,  
A.D. 2017, AT 10:15 O'CLOCK A.M.

RESTATED CERTIFICATE, FILED THE THIRTEENTH DAY OF MARCH, A.D.  
2018, AT 1:28 O'CLOCK P.M.

RESTATED CERTIFICATE, FILED THE THIRTY-FIRST DAY OF JULY, A.D.  
2018, AT 4:34 O'CLOCK P.M.

RESTATED CERTIFICATE, FILED THE TWELFTH DAY OF MARCH, A.D.  
2019, AT 11:35 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID  
CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE  
AFORESAID CORPORATION, "INNOVATIVE LONG TERM CARE MANAGEMENT,  
INC."

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "INNOVATIVE  
LONG TERM CARE MANAGEMENT, INC." WAS INCORPORATED ON THE  
SEVENTEENTH DAY OF FEBRUARY, A.D. 2016.

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



5966305 8310

SR# 20206479484

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://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.

Jeffrey W. Bullock, Secretary of State

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Date: 08-05-20