# Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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### FOREIGN PROFIT/NONPROFIT CORPORATION FLAGLER HEALTH INC.

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### 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.

I. FLAGLER HEA	LTH INC.		
(Enter name of c	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATIO	N,"
Henry Flagler In	c.		
(If name unavail	able in Florida, enter alternate corporate name a	dopted for the purpose of transacti	ng business in Florida)
Delaware 2.	3		
(State or countr	y under the law of which it is incorporated) 3.	(FEI number, if a	pplicable)
05/05/2022	٩		
(Date	(Date of incorporation) 5. (Date of duration, if		than perpetual)
6.			
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15		lity)
418 Broadway S1	E N Albany NY 12207		
· ·		e <u>street</u> address)	
7901 4th St N ST	E 300 St. Petersburg FL 33702		
- ·	(Current mailing	address, if different)	
8. Name and stree	et address of Florida registered agent: (P.O	Box NOT acceptable)	
Name:	Northwest Registered Agent LLC		
Office Address:	7901 4th St N STE 300		
	St. Petersburg	. Florida 33702 (Zip code)	<b>20</b>
·	(City)	(Zip code)	
9 Registered ag	ent's acceptance:		The second second
	ned as registered agent and to accept service	e of process for the above state	d corporation andre place
designated in this	application, I hereby accept the appointm	ent as registered agent and agr	ee to act in this capacity I
	omply with the provisions of all statutes re with and accept the obligations of my pos		te performânce de my dutte
and I am Jamina	nan una accept me obnganons of my pos	nion as registered agent	
,			
,	John / Varian		
	(Registered agent's sig	nature)	

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.

#### A. DIRECTORS Albert Katz Leon Anijar Name: Name: \_\_\_ □ Chairman □ Chairman □Vice Chairman Address: \_\_\_\_ □Vice Chairman Address: \_\_\_\_ 7901 4th St N STE 300 7901 4th St N STE 300 □ Director St. Petersburg FL 33702 St. Petersburg FL 33702 □President □ President ☐Vice President □Vice President ☐ Secretary ☐ Treasurer Secretary □Treasurer □Other \_\_\_\_\_ Other \_\_\_\_ Other \_\_\_\_\_ □Other \_\_\_\_\_ Xinyuan Hu □Chairman Name: \_\_\_\_\_ □ Chairman Name: □Vice Chairman Address: □Vice Chairman Address: 7901 4th St N STE 300 □ Director □ Director St. Petersburg FL 33702 □ President **⊠**President □Vice President □Vice President \_ □Secretary ☐Treasurer □ Secretary □Other \_\_\_\_\_ Other \_\_\_\_ □Other \_\_\_\_\_ Other \_\_\_\_ Name: Name: □ Chairman □ Chairman □Vice Chairman Address: \_\_\_\_\_ □Vice Chairman Address: \_\_\_\_\_ □ Director □ Director □President □ President □Vice President \_ □Vice President ☐Treasurer □ Secretary Treasurer □ Secretary □!Other \_\_\_\_\_ □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. Linguan Hu 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. Xinyuan Hu - President

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# Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "FLAGLER HEALTH 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 NINETEENTH DAY OF JUNE, A.D. 2023.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FLAGLER HEALTH INC." WAS INCORPORATED ON THE FIFTH DAY OF MAY, A.D. 2022.

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

Authentication: 203574230

Date: 06-19-23