

F23000006035

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DIRECTOR'S OFFICE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

OCT 23 2023

K. Brumblay

FILE 2ND

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 081498 7143909

AUTHORIZATION :

COST LIMIT : \$ 70.00

ORDER DATE : October 19, 2023

ORDER TIME : 10:44 AM

ORDER NO. : 081498-015

CUSTOMER NO: 7143909

FOREIGN FILINGS

NAME: ATLANTIC HEALTH PARTNERS
ASSOCIATES, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Atlantic Health Partners Associates, 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:

Lisa Ellis

Name of Person

c/o Roper Technologies, Inc.

Firm/Company

6496 University Parkway

Address

Sarasota, FL 34240

City/State and Zip code

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

For further information concerning this matter, please call:

Lisa Ellis

at (941) 556-2679

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. Atlantic Health Partners Associates, 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. 20-0718237
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 02/06/2004 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. 301 W. Atlantic Avenue, Suite 5, Delray Beach, FL 33444
(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

By: _____

Eylina Bahor
Assistant Vice President

(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.

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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AND
RECORDED

A. DIRECTORS

☐ Chairman Name: John K. Stipancich
☐ Vice Chairman Address: 6496 University Pkwy
☒ Director Sarasota, FL 34240
☐ President _____
☒ Vice President _____
☒ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Jason Conley
☐ Vice Chairman Address: 6496 University Pkwy
☒ Director Sarasota, FL 34240
☐ President _____
☒ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other Asst. Secretary ☐ Other _____

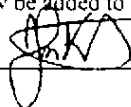
☐ Chairman Name: Brandon Cross
☐ Vice Chairman Address: 6496 University Pkwy
☒ Director Sarasota, FL 34240
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: David Holladay
☐ Vice Chairman Address: Suite 200 25-A Vreeland Road,
☐ Director Florham Park, NJ 07932-0789
☒ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Gloria Barr
☐ Vice Chairman Address: Suite 200 25-A Vreeland Road
☐ Director Florham Park, NJ 07932-0789
☐ President _____
☒ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other Asst. Secretary ☐ Other _____

☐ Chairman Name: Christina Able
☐ Vice Chairman Address: 6496 University Pkwy
☐ Director Sarasota, FL 34240
☐ 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. John K. Stipancich, VP & Secretary
(Typed or printed name and capacity of person signing application)

Delaware

The First State


Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ATLANTIC HEALTH PARTNERS ASSOCIATES, 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 TWENTIETH DAY OF OCTOBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ATLANTIC HEALTH PARTNERS ASSOCIATES, INC." WAS INCORPORATED ON THE TWENTIETH DAY OF OCTOBER, A.D. 2023.

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




Jeffrey W. Bullock, Secretary of State

2424280 8300

SR# 20233776780

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

Authentication: 204415505

Date: 10-20-23