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COVER LETTER

	tration Section on of Corporations			
SUBJECT:	Associated Medical Centers o	f Illinois, Ltd.		
	Name o	f corporation	- must include suffix	
Dear Sir or M	adam:			
"Certificate of	"Application by Foreign Con Existence," or "Certificate of ced foreign corporation to tra	of Good Stand	ling" and check are subm	Business in Florida," nitted to register the
Please return a	all correspondence concernir	ng this matter	to the following:	
Lisa Foreman				
<u> </u>		Name of I	Person	
Associated Me	dical Centers of Illinois Ltd.			
	<u></u>	Firm/Comp	pany	
1291 Hilary La	пе			
		Addre	SS	
Highland Park,	IL 60035			
		City/State an	d Zip code	
lisaforeman@a	ssociatedmedcenters.com			
	E-mail address:	(to be used for	or future annual report no	tification)
For further inf	ormation concerning this ma	itter, please ca	ill:	
Lisa Foreman at (847) 977-5854				
Name	of Person	Area Code	Daytime Telepho	one Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Registration Sec Division of Cor P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
	check for the following amounts between the following amounts betw	PARTMENT Fee &	OF STATE \$78.75 Filing Fee & Certified Copy	S87.50 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.

(If name unavails	ciated Medical (able in Florida, enter alternate corporate name ac	lopted for the purpose of transacting		
2. Illinois	3. <u>-</u>	66-3835919		
	y under the law of which it is incorporated)	(FEI number, if app	licable)	
4. September 24, 1	992 5	(Date of duration, if other th	-	
	of incorporation)	(Date of duration, if other th	an perpetual)	
6. NA				
	(Date first transacted business in I (SEE SECTIONS 607.1501 & 607.150	Norida, if prior to registration)	λ	
_ 6326 Roosevelt R	oad Oak Park, IL 60304	b, 1.0., to describing persons hability	,)	
7	(Principal office	estreet address)		
	(T. Holpsi Office	sirver address)		
 .	(Current mailing	address, if different)		
	(. ~	
8. Name and stree	t address of Florida registered agent: (P.O.	Box NOT acceptable)	073	
Name:	Foreman Freidman Atten: Jeffrey Foreman		2023 OCT 10	
Office Address:	2 South Biscayne Blvd.,Suite 2200	_		[]
Office Add Cos.	Miami,	, Florida	J I ,	
Office Address.				
Office Add ess.	(City)	(Zip code)	· -	
	· •	(Zip code)	3: 12 3: 12	
9. Registered age <i>Having been nan</i> i	ent's acceptance: ed as registered agent and to accept service	of process for the above stated o	corporation at the p	lace
9. Registered age Having been nani designated in this	ent's acceptance: ed as registered agent and to accept service application, I hereby accept the appointme	of process for the above stated on the of process for the above stated on	corporation at the p to act in this capac	ity. I
9. Registered age Having been nani designated in this further agree to co	ent's acceptance: ed as registered agent and to accept service	of process for the above stated on the of registered agent and agree ative to the proper and complete	corporation at the p to act in this capac	ity. I

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	·	•	
□Chairman	Name: Michael Foreman	☐ Chairman	Name:
□Vice Chairman	Address: 1291 Hilary Lane	□Vice Chairman	Address:
Director	Highland Park, IL 60035	Director	
■ President		□President	
□Vice President		□ Vice President	
Secretary	□Treasurer	Secretary	Treasurer
Other	Other	Other	Other
☐ Chairman ☐ Vice Chairman ☐ Director ☐ President ☐ Vice President ☐ Secretary ☐ Other	Michael Foreman Name:	□Chairman □Vice Chairman □Director □President □Vice President □Secretary □Other	Name:
□Chairman	Name:	□ Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
□Director		□Director	
□President		□President	
□Vice President		□Vice President	
Secretary	☐Treasurer	☐ Secretary	Treasurer
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. 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.			
President Hichael Foreman (Typed or printed name and capacity of person signing application)			



To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulias, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the

Department of Business Services. I certify that

ASSOCIATED MEDICAL CENTERS OF ILLINOIS, LTD., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON SEPTEMBER 24, 1992, ADOPTED THE ASSUMED NAME ASSOCIATED MED CENTERS ON AUGUST 28, 2023, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 28TH day of AUGUST A.D. 2023 .

Authentication #: 2324004816 verifiable until 08/28/2024

Authenticate at: https://www.ilsos.gov

SECRETARY OF STATE

COVER LETTER

	stration Section sion of Corporations			
SUBJECT:	Associated Medical Centers of	Illinois, Ltd.		
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Corporation	- must include suffix	
Dear Sir or M	Aadam:			
"Certificate of	l "Application by Foreign Corporation Corporation Corporation to transcending to the corporation to the corp	of Good Stan	ding" and check are submitt	
Please return	all correspondence concernin	g this matter	to the following:	
Lisa Foreman				
· · · · ·		Name of	Person	
Associated M	edical Centers of Illinois Ltd.			
		Firm/Con	pany	
1291 Hilary L	ane			
,		Addre	288	
Highland Park	k, IL 60035			
		City/State a	nd Zip code	
lisaforeman@	associatedmedcenters.com			
	E-mail address:	(to be used f	or future annual report notifi	cation)
For further in	formation concerning this ma	tter, please c	call:	
Lisa Foreman	a	847	977-5854	
Nam	ne of Person	Area Cod	Daytime Telephone	Number
Regi Divis The (2415	EET/COURIER ADDRESS stration Section sion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303	:	MAILING ADDI Registration Section Division of Corpo P.O. Box 6327 Tallahassee, FL 3	on rations
	check for the following amount the characteristic characteristic for the following amount the characteristic for the following amount for the characteristic for the characteristic for the following amount for the characteristic for the characte	PARTMENT Fee &		S87.50 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.

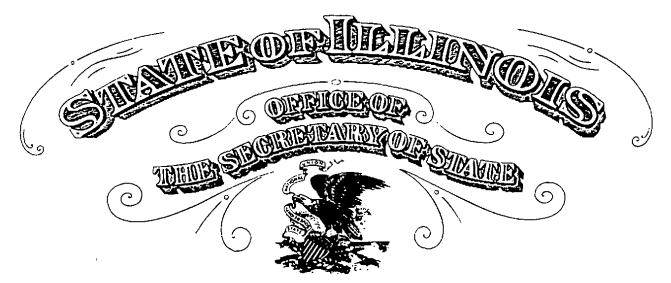
l. Associated Med	lical Centers of Illinois, Ltd. Toc		
	orporation; must include "INCORPORATED orp," "Inc," "Co," or "Corp.")	," "COMPANY," "CORPORATI	ON,"
A550	ciated Medical	centers, I	nc.
(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transac	eting business in Florida)
Illinois	3	36-3835919	
(State or countr	y under the law of which it is incorporated)	36-3835919 (FEI number, if	applicable)
September 24, 1	992		
(Date	of incorporation) 5.	(Date of duration, if other	er than perpetual)
NA .			
·-	(Date first transacted business i (SEE SECTIONS 607.1501 & 607.1	n Florida, if prior to registration) 502, F.S., to determine penalty liab	bility)
, 6326 Roosevelt R	Road Oak Park, II. 60304		
·	(Principal of	ice street address)	
-	(Current maili	ng address, if different)	
	et address of Florida registered agent: (P.C Foreman Freidman Atten: Jeffrey Foreman	•	
Name:		· 	
Office Address:	2 South Biscayne Blvd., Suite 2200		202 Se
	Miami,	, Florida 33131 (Zip code)	2023 OCT 10 SECTED
	(City)	(Zip code)	
Registered age	ent's acceptance:		်း တင ာ မြို့
Taving been nam	ed as registered agent and to accept serv	ice of process for the above sta	ted corporation at the place
lesignated in this	application, I hereby accept the appoints	ment as registered agent and ag	gree to act in this capacity.
urther agree to co and I am familiar	omply with the provisions of all statutes i with and accept the obligations of my po	relative to the proper and comp exition as registered agent	plete performance of my du
	, and accept are congunious by my pe	- Asia in the state of the stat	
	-/		
	74		
_	Registered agent's s	ignature)	
0. Attached is a c	certificate of existence duly authenticated,	not more than 90 days prior to	delivery of this application
he Department of	State, by the Secretary of State or other o	fficial having custody of corpor	rate records in the jurisdicti

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

under the law of which it is incorporated.

A. DIRECTORS			
□Chairman	Name: Michael Foreman	□Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
□Director	Hightand Park, IL 60035	□Director	
President		□President	
□Vice President		□Vice President	
Secretary	□Treasurer	Secretary	□Treasurer
□Other	Other	Other	Other
□Chairman □Vice Chairman	Name: Michael Foreman 1291 Hilary Lane Address:	□Chairman □Vice Chairman	Name:
□ Director	Highland Park, IL 60035	□ Director	Address.
□President		□President	
□Vice President		□Vice President	
Secretary	□Treasurer	☐ Secretary	□Treasurer
□Other	Other	Other	□Other
Chairman	Name:	□Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
Director		□Director	
□President	-	□President	
□Vice President	-	□Vice President	
□Secretary	□Treasurer	□Secretary	□Treasurer
□Other	Other	□Other	Other
	Use an attachment to report more than six (6). The an added to the index when filing your Florida Departs Signature of Directo	ment of State Annual Re	port form.
	Signature of Directo	r or Officer	
	tor signing this document (and who is listed in num lse information submitted in a document to the Department to the Dep	ber 11 above) affirms tha artment of State constitu	at the facts stated herein are true and that he or
13. President	Michael Foreman	Jus C	

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



To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulias, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

ASSOCIATED MEDICAL CENTERS OF ILLINOIS, LTD., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON SEPTEMBER 24, 1992, ADOPTED THE ASSUMED NAME ASSOCIATED MED CENTERS ON AUGUST 28, 2023, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 28TH day of AUGUST A.D. 2023 .

Authentication #: 2324004816 verifiable until 08/28/2024

Authenticate at: https://www.ilsos.gov

They seemed

SECRETARY OF STATE