

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 : (614)280-3338
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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FOREIGN PROFIT/NONPROFIT CORPORATION BETH ISRAEL LAHEY HEALTH PRIMARY CARE, INC

Certificate of Status	0
Certified Copy	1
Page Count	04
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JAN 05 2024

K. Brumblay

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. BETH ISRAEL LAHEY HEALTH PRIMARY CARE, 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 3. 47-2248298
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 08/15/2014 5.
(Date of Incorporation) (Date of duration, if other than perpetual)

6.
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 20 University Road, Suite 700, Cambridge, MA 02138
(Principal office street address)

(Current mailing address, if different)

8. Primary Care
(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 SEAN L. EMERICK, ASSISTANT SECRETARY

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

A. DIRECTORS

☒ Chairman Name: Betsy Johnson M.D.
☐ Vice Chairman Address: _____
☐ Director 20 University RD, Suite 700
☒ President Cambridge, MA 02138
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Cindy Rios
☐ Vice Chairman Address: _____
☐ Director 20 University RD, Suite 700
☐ President Cambridge, MA 02138
☐ Vice President _____
☐ Secretary ☒ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Leslie Joseph ESQ
☐ Vice Chairman Address: _____
☐ Director 529 Main St, 5th Floor
☐ President Boston, MA 02129
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: Asst. Secretary ☐ Other: _____

☐ Chairman Name: Jeb Sheva
☐ Vice Chairman Address: _____
☒ Director 20 University RD, Suite 700
☐ President Cambridge, MA 02138
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: Asst. Treasurer ☐ Other: _____

☐ Chairman Name: Peter Shorett
☐ Vice Chairman Address: _____
☒ Director 20 University RD, Suite 700
☐ President Cambridge, MA 02138
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Jamie Katz
☐ Vice Chairman Address: _____
☐ Director 20 University RD, Suite 700
☐ President Cambridge, MA 02138
☐ Vice President _____
☒ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

NOTE: 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.

13. Jamie Katz
 (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Jamie Katz, Secretary
 (Typed or printed name and capacity of person signing application)



William Francis Galvin
Secretary of the
Commonwealth

The Commonwealth of Massachusetts
Secretary of the Commonwealth
State House, Boston, Massachusetts 02183

Date: December 29, 2023

To Whom It May Concern :

I hereby certify that according to the records of this office,

BETH ISRAEL LAHEY HEALTH PRIMARY CARE, INC.

is a domestic corporation organized on **August 15, 2014**

I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 180 section 26 A, for revocation of the charter of said corporation; that the State Secretary has not received notice of dissolution of the corporation pursuant to Massachusetts General Laws, Chapter 180, Section 11, 11A, or 11B; that said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.



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

Certificate Number: 23120514970

Verify this Certificate at: <http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx>

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