F24000001885

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W24-52290

Office Use Only

700426817867

2024 APR -1 AM 9:28

RECEIVED
2024 APR -1 PM 3:27
TALLAHASSEE, FLORIDA

APR 08 2024
K. Brumbley

FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 2, 2024

CSC

SUBJECT: LONGEVITY ACCOUNTABLE CARE, P.A.
Ref. Number: W24000052290

RESUBMIT
Please give original submission date as file date.

We have received your document for LONGEVITY ACCOUNTABLE CARE, P.A. and your check(s) totaling $. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law does not provide for the recognition of a foreign professional corporation. An acceptable corporate suffix will need to be added to your entity name for this Department to accept and file your document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

KYLE D BRUMBLEY
Regulatory Specialist II Supervisor

Letter Number: 024A00006999

RECEIVED
2024 APR -5 PM 3:17
TALLAHASSEE, FLORIDA

CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext:

To: Department Of State, Division Of Corporations
From: Amanda Miller
Ext:
Date: 04/01/24
Order #: 1467595-2
Re: LONGEVITY ACCOUNTABLE CARE, P.A.
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:
Application for Certificate of Authority
Amount to be deducted from our State Account: $70.00 - FL State Account Number: I20000000195
AUTH

Please take the following action:
File in your office on basis
Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Longevity Accountable Care, P.A.
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:

Jackie Gerstenfeld
Name of Person

LHP MSO, LLC
Firm/Company

11780 U.S. Highway 1, Suite N107
Address

North Palm Beach, Florida 33408
City/State and Zip code

jackie.gerstenfeld@longevityhealthplan.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jackie Gerstenfeld at (772) 262-8564
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. Longevity Accountable Care, P.A. Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")

Longevity Accountable Care, Inc.
(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. Applied For
(FEI number, if applicable)

4. 3/19/2024
(Date of incorporation)

5. Perpetual
(Date of duration, if other than perpetual)

6. Upon filing and acceptance by Florida Secretary of State's Office
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 11780 N. US. Highway 1, Suite N107, North Palm Beach, FL 33408
(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 (City), Florida 32301 (Zip code)

2024 APR -1 PM 9:28

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: _____
(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]:

DocuSign Envelope ID: 7D3A5FEB-3A03-4251-8916-677D66AC6423

A. DIRECTORS

☐Chairman Name: Waseem Ghannam, MD
☐Vice Chairman Address: 7303 Timberneck Court
■Director Charlotte, NC 28277
■President
☐Vice President
☐Secretary ☐Treasurer
☐Other ______ ☐Other ______

☐Chairman Name: ______
☐Vice Chairman Address: ______
☐Director ______
☐President ______
☐Vice President ______
☐Secretary ☐Treasurer
☐Other ______ ☐Other ______

☐Chairman Name: ______
☐Vice Chairman Address: ______
☐Director ______
☐President ______
☐Vice President ______
☐Secretary ☐Treasurer
☐Other ______ ☐Other ______

☐Chairman Name: ______
☐Vice Chairman Address: ______
☐Director ______
☐President ______
☐Vice President ______
☐Secretary ☐Treasurer
☐Other ______ ☐Other ______

☐Chairman Name: ______
☐Vice Chairman Address: ______
☐Director ______
☐President ______
☐Vice President ______
☐Secretary ☐Treasurer
☐Other ______ ☐Other ______

☐Chairman Name: ______
☐Vice Chairman Address: ______
☐Director ______
☐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. 3/28/2024
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. Waseem Ghannam, MD, President
(Typed or printed name and capacity of person signing application)

CSC QUAL-30919

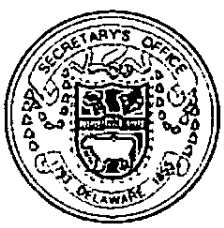
Delaware

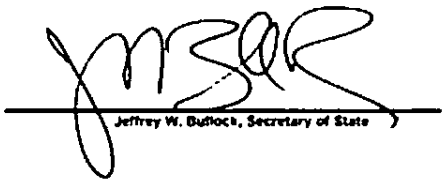
The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LONGEVITY ACCOUNTABLE CARE, P.A." 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 TWENTY-FIRST DAY OF MARCH, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LONGEVITY ACCOUNTABLE CARE, P.A." WAS INCORPORATED ON THE NINETEENTH DAY OF MARCH, A.D. 2024.

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





3294185 8300

SR# 20241104970

Authentication: 203078548

Date: 03-21-24

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