# MILLOOODOOHA

(Req	uestor's Name)	
(AbbA)	ress)	
(Add	ress)	
(City/	/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Busi	iness Entity Nan	ne)
(Doc	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fi	iling Officer:	
		,

Office Use Only



800255102178

THE JAN -2 AND 4

2014 JAN -2 PM 12: 06

UM 018 2014 D. BRUCE



ION SERVICE COMPAN	γ-					
	ACCOUNT NO.	:	120000000	195		
	REFERENCE	:	943238	7678797		
	AUTHORIZATION	:	Spell	Elenan	ノ	
	COST LIMIT	:	, , ,			
						-
ORDER DATE :	December 27, 2013	3		•		
ORDER TIME :	4:08 PM					
ORDER NO. :	943238-010					
CUSTOMER NO:	7678797					
					<b></b>	
FOREIGN FILINGS						
NAME:	PALADINA HEALT	TH.	LLC			

XXXX QUALIFICATION (TYPE: <u>LL</u> )		2014 JAN	enament market
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:	75 E	2	*
CERTIFIED COPY  XX PLAIN STAMPED COPY  CERTIFICATE OF GOOD STANDING	CE STATES	PM 12: 06	

CONTACT PERSON: Susie Knight -- EXT# 52956

EXAMINER:

#### COVER LETTER

	on of Corporations			
SUBJECT: F	aladina Health, LLC			
_	N	ame of Limited Liability Co	ompany	
The enclosed " Existence, and	Application by Foreign Limited Lia check are submitted to register the a	bility Company for Author above referenced foreign li	ization to Transact Business in Florid nited liability company to transact bu	da," Certificate of usiness in Florida
Please return a	Il correspondence concerning this m	atter to the following:		
	James Loren			
		Name of Person		
	DaVita HealthCare Partne	ers Inc.		_
		Firm/Company		
	601 Hawaii Street			
		Address		
	El Segundo, CA 90245			
		City/State and Zip Cod	2	_
	james.loren@davita.com			
	E-mail address:	(to be used for future annua	Il report notification)	_ · · · · · · · · · · · · · · · · · · ·
For further info	rmation concerning this matter, plea	se call:		
Jame	es Loren	<sub>at (</sub> 310	536-2668	1-2 T
	Name of Person	Area Cod	e Daytime Telephone Number	ा है है
Divisio Registo P.O. B	ING ADDRESS: on of Corporations ration Section ox 6327 assee, FL 32314	STREET ADDRESS: Division of Corporation Registration Section Clifton Building 2661 Executive Center C Tallahassee, FL 32301		112: 06 - LORIUM
	check for the following amounts.00 Filing Fee \$\square\$\$\$\$\$ \$130.00 Filing Certificate of	g Fee & 🔲 \$155.00 Fil		

### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN
LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Paladina Health, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written

<sub>2.</sub> Delaware	<sub>3.</sub> 45-3449075	
(Jurisdiction under the law of which forci company is organized)	ign limited liability (FEI number, if applicable)	
l		
(Date first trans (See sections 60)	sacted business in Florida, if prior to registration.) 5.0904 & 605.0905, F.S. to determine penalty liability)	
Attn: JLD/SecGovFin, 2000 1	6th Street, Denver, CO 80202	
	(Street Address of Principal Office)	
: Attn: JLD/SecGovFin. 601 Ha	waii Street, El Segundo, CA 90245	
). <u>,</u>		
	(Mailing Address)	
7. The name, title or capacity and a	ddress of the person(s) who has/have authority to manage i	s/are:
		3 - 7 100 1
Naluta INDI Holding Company 1	LLC, Member	<u>;</u>
DaVita DPC Holding Company, L		
Attn: JLD/SecGovFin, 2000 16th	n Street, Denver, CO 80202	<b>岩</b> 白
	Street, Denver, CO 80202	

Signature of an authorized person

(In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any 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.)

Arturo Sida, Asst. Secretary, Total Renal Care, Inc., Mbr of

Typed or printed name of signee DaVita DPC Holding Company, LLC, Member

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name	e of the Limited Liability Company is:		
Paladina H	lealth, LLC	•	
If unavailabl	e, the alternate to be used in the state of Florida is:		
2. The name	e and the Florida street address of the registered agent and office are:		
	Corporation Service Company		
	(Name)		
	1201 Hayes Street		
	Florida Street Address (P.O. Box NOT ACCEPTABLE)		
	Tallahassee <sub>FL</sub> 32301		
	City/State/Zip		
liability comp registered ago statutes relati	named as registered agent and to accept service of process for the above stated limited only at the place designated in this certificate, I hereby accept the appointment as ent and agree to act in this capacity. I further agree to comply with the provisions of all ing to the proper and complete performance of my duties, and I am familiar with and ligations of my position as registered agent as provided for in Chapter 605, Florida G. Knight assistant Vice President	JAN	

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

# Delaware

PAGE 1

#### The First State

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

DELAWARE, DO HEREBY CERTIFY "PALADINA HEALTH, LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE TWENTY-SEVENTH DAY OF DECEMBER, A.D.

2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PALADINA HEALTH, LLC" WAS FORMED ON THE TWENTY-THIRD DAY OF SEPTEMBER, A.D. 2011.

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

5042554 8300

131484285

AUTHENTICATION: 1018087

DATE: 12-27-13

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