

**H1600009624**

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
 Fax Number : (950)617-6383

From: Account Name : C T CORPORATION SYSTEM  
 Account Number : FCA000000023  
 Phone : (614)280-3338  
 Fax Number : (954)208-0845

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

Foreign Limited Liability Company  
FRESENIUS VASCULAR CARE PENSACOLA ASC, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

RECEIVED

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K. SALY  
DEC -2 2016

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Fresenius Vascular Care Pensacola ASC, LLC  
Name of Limited Liability Company**

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Elizabeth Scully  
Name of Person

Fresenius Medical Care  
Firm/Company

920 Winter St.  
Address

Waltham, MA 02451  
City/State and Zip Code

wynelle.scenna@fmc-na.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Elizabeth Scully at ( 781 ) 699-9000  
Name of Contact Person Area Code Daytime Telephone Number

**MAILING ADDRESS:**  
Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**  
Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy
- \$160.00 Filing Fee, Certificate of Status & Certified Copy

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. Fresenius Vascular Care Pensacola ASC, 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. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Delaware (Jurisdiction under the law of which foreign limited liability company is organized) 3. (FBI number, if applicable)

4. upon filing (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 920 Winter St., Waltham, MA 02451 (Street Address of Principal Office)

6. 920 Winter St., Waltham, MA 02451 (Mailing Address)

7. 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)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company 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.

By: C T Corporation System (Registered agent's signature)

Kim Wasilewski Assistant Secretary

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Maria Notar, Asst. Treasurer 920 Winter St., Waltham, MA 02451

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

(Signature of an authorized person)

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Maria Notar (Typed or printed name of signer)

FILED 2016 DEC -1 PM 12:17 SECRETARY OF STATE TALLAHASSEE, FLORIDA

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FRESENIUS VASCULAR CARE PENSACOLA ASC, 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 FIRST DAY OF DECEMBER, A.D. 2016.

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

FILED  
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 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



*Jeffrey W. Bullock*  
 Jeffrey W. Bullock, Secretary of State

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SR# 20166863937

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 203429201

Date: 12-01-16