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Foreign Limited Liability Company
Hialeah Physician Holdeo, LLC

Certificate of Status	0
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D SCOTT
AUG 1 2017

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. Hialeah Physician Holdco, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," "L.L.C." or "LLCO")
- (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," "L.L.C." or "LLCO")
2. DELAWARE
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 82-2263595
(EIN number, if applicable)
4. N/A
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S., to determine penalty liability)
5. 135 W 49TH STREET
(Street Address of Principal Office)
HIALEAH, FL 33012
6. 135 W 49TH STREET
(Mailing Address)
HIALEAH, FL 33012

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name:

Joseph R. Gomez Esq P.A.

Office Address:

201 Alhambra Circle #1205

Coral Gables

(City)

Florida

33134

(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.

[Signature]
(Registered agent's signature)

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

Title or Capacity:

Name and Address:

Title or Capacity:

Name and Address:

Director, President

Orlando F. Torres

Director, VP

Sergio M. Rodriguez

135 W 49TH

HIALEAH, FL 33012

135 W 49TH

HIALEAH, FL 33012

Director, VP

Carlos Ramos

Director, VP

Roberto J. Fernandez

135 W 49TH

HIALEAH, FL 33012

135 W 49TH

HIALEAH, FL 33012

(Use attachments if necessary)

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)

10. 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.

[Signature]
(Signature of authorized person)

Orlando F. Torres, President

(Typed or printed name of signer)

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HIALEAH PHYSICIAN HOLDCO, 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-EIGHTH DAY OF JULY, A.D. 2017.

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

FILED
17 JUL 31 AM 11:31
JAN JACOBSON, Jr. Clerk



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SR# 20175473753

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

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 202970262

Date: 07-28-17