

Division of Corporations

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Email Address: jwalter@pinetretequity.com

Foreign Limited Liability Company  
INHEALTH MD ALLIANCE ACQUISITION, LLC

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# Holland & Knight

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Holland & Knight LLP  
701 Brickell Avenue  
Suite 3000  
Miami, FL 33131  
www.nklaw.com

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**TO:**

NAME	COMPANY/FIRM	FAX NUMBER
FL re InHealth MD Alliance Acquisition, LLC		18506176383

CITY/STATE	TELEPHONE NUMBER

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**FROM:**

NAME	TELEPHONE
Esmi Diazdon	(305) 349-2275

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 28, 2017

JAM MARK LIMITED

SUBJECT: INHEALTH MD ALLIANCE ACQUISITION, LLC  
REF: W17000070404

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

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

Octavia L Simmons  
Regulatory Specialist II  
Registration Section

FAX Aud. #: H17000229645  
Letter Number: 217A00017659

Please see attached.

Please use the original fax date of 8/25/17. Thank you.

17  
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(((H17000229645 3)))

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

IN COMPLIANCE WITH SECTION 605.0912, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. InHealth MD Alliance Acquisition, LLC
(Name of foreign limited liability company, must include "Limited Liability Company," "LLC," or "LLC.")

(If name unavailable, enter alternate name accepted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC.")

2. Delaware 3. 81-1007741
(Jurisdiction under the law of which foreign limited liability company is organized; (FEI number, if applicable))

4. Upon qualification
(Once first transacted business in Florida, if prior to registration, (See sections 605.0904 & 605.0913, F.S. to determine penalty liability))

5. 777 Brickell Avenue, Suite 1070 6. Same as #5
(Street Address of Principal Office) (Mailing Address)
Miami, FL 33131

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

Name: CT Corporation
Office Address: 1200 S. Pine Island Rd, #250
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.

Signature of registered agent: Donna Peterson-Rieger, Asst Secretary

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

Table with 4 columns: Title or Capacity, Name and Address, Title or Capacity, Name and Address. Rows include Eduardo Carito, M.D. and Patricia Pichardo as Managers, and Nelson Pichardo, M.D. as a Manager.

(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.)

Signature of an authorized person

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.

Joseph Walter
Typed or printed name of signer

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