

M1800000 1533

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

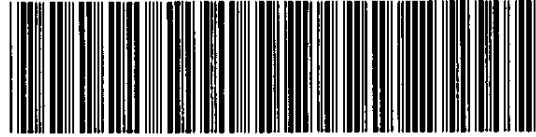
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000308677170

RECEIVED  
COMMISSIONER OF STATE  
2018 FEB 13 AM 11:29  
TALLAHASSEE, FLORIDA

FEB 14 2018  
J. HARRIS

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 067744 7678797

AUTHORIZATION :

COST LIMIT : \$125.00

ORDER DATE : February 12, 2018

ORDER TIME : 10:31 AM

ORDER NO. : 067744-010

CUSTOMER NO: 7678797

FOREIGN FILINGS

NAME: DAVITA MEDICAL MANAGEMENT  
SERVICES NEVADA, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER: \_\_\_\_\_

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** DaVita Medical Management Services Nevada, 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:

Isabela Gaido, Corporate Paralegal

Name of Person

DaVita Inc.

Firm/Company

601 Hawaii Street

Address

El Segundo, CA 90245

City/State and Zip Code

subgov@davita.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Isabela Gaido

310

536-2400

Name of Contact Person

at ( )

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. DaVita Medical Management Services Nevada, 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. Nevada 3. Applied  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. 2000 16th Street, Attn: JLD/SecGovFin.  
(Street Address of Principal Office)  
Denver, CO 80202

6. 601 Hawaii Street, Attn: JLD/SecGovFin.  
(Mailing Address)  
El Segundo, CA 90245

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301  
(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: Roxanne Turner  
(Registered agent's signature)

**Roxanne Turner**  
Asst. Vice President

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

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>Attached</u>	<u></u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>	<u></u>

(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.

Arturo Sida  
Signature of an authorized person

Arturo Sida, Assistant Secretary

Typed or printed name of signee

# Medical Management Services Nevada, LLC

Name	Title	Street	City	State/Zip Code
Arturo Sida	Assistant Secretary	2000 16th Street, Attn: JLD/SecGovFin.	Denver	CO, 80202
Chan-Chou Chuang, M.D.	Manager	2000 16th Street, Attn: JLD/SecGovFin.	Denver	CO, 80202
Chetan P. Mehta	Group Vice President	2000 16th Street, Attn: JLD/SecGovFin.	Denver	CO, 80202
Cora Case	Chief Financial Officer	2000 16th Street, Attn: JLD/SecGovFin.	Denver	CO, 80202
Dr. Bard Coats	President	2000 16th Street, Attn: JLD/SecGovFin.	Denver	CO, 80202
James A. Rehtlin	Manager	2000 16th Street, Attn: JLD/SecGovFin.	Denver	CO, 80202
James K. Hilger	Chief Accounting Officer	2000 16th Street, Attn: JLD/SecGovFin.	Denver	CO, 80202
Joseph C. Mello	Manager	2000 16th Street, Attn: JLD/SecGovFin.	Denver	CO, 80202
Kirk Miller	Chief Operating Officer	2000 16th Street, Attn: JLD/SecGovFin.	Denver	CO, 80202
Samantha A. Caldwell	Secretary	2000 16th Street, Attn: JLD/SecGovFin.	Denver	CO, 80202
Vijay Kotte	Treasurer	2000 16th Street, Attn: JLD/SecGovFin.	Denver	CO, 80202

1000 16th Street  
 Denver, CO 80202  
 303.733.1111  
 1000 16th Street  
 Denver, CO 80202  
 303.733.1111

# SECRETARY OF STATE



## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **DAVITA MEDICAL MANAGEMENT SERVICES NEVADA, LLC**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since June 18, 2009, and is in good standing in this state.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on February 12, 2018.

*Barbara K. Cegavske*

Barbara K. Cegavske  
Secretary of State

Electronic Certificate  
Certificate Number: C20180212-1307  
You may verify this electronic certificate  
online at <http://www.nvsos.gov/>