Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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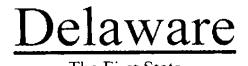
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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605 0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A POREIGN LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Kidney Center of Plant City, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," L.L.C., "or "LLC.") (If none unavailable, enter alternate name adopted for the purpose of transecting business in Florida. The alternate name must include "Lincked Liability Company," "L.C.C," or "LLC.") 3. 83-1391476 2. DE (FEI number, if applicable) (Juradiction under the law of which foreign limited flubility company is organized) (Pare first transacted business in bloids, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability) 6. 500 Cummings Center 500 Cammings Center (Street Address of Principal Office) (Maria, Addies) Suite 6550 Suite 6550 Beverly, MA 01915 Beverly, MA 01915 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) C T Corporation System Name: 1200 South Pine Island Road Office Address: , Florida 33324 Plantation 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 positionals registered agenting stered agent's signature) Stephen Rullis, Vice President 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Name and Address: Name and Address: Title or Canacity: Title or Capacity: (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 305.0203 (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.



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

DELAWARE, DO HEREBY CERTIFY "KIDNEY CENTER OF PLANT CITY, 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-THIRD DAY OF JANUARY, A.D. 2019.

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

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SR# 20190429689

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

Authentication: 202125552

Date: 01-23-19