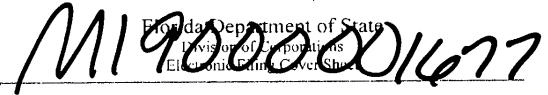
2/14/2019

Division of Corporations



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Fresenius Medical Care Central Florida, LLC

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O SIMMONS FEB 1 8 2019

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 FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Fresenius Medical Care (Name of Foreign	Central Florida, LLC Limited Liability Company; must include "Lim	uted Liability Company," "L.L.C.," or "LLC.	<u>") </u>
If name muchilable, onter alternate re	nene adopted for the purpose of transacting business in	Florida. The atternate name must melode "Limited I	iability Company," "L.L.C," or "LLC.")
2. Delawaie		•	
2. (Jurisdiction under the law of wh	uch foreign lunted liability company (a preamzed)	5. (FEI m	mber, if mpgistable)
4. 2/14/19	_		
	(Date first intended husiness to Florida, if prior (See sections 605,0064 & 605,0005, F.S. to dete	r to registration.) rmine penalty liability)	沙漠 而 四
5. 920 Winter St.		6. 920 Winter St.	
(Street Address of I	imegal (iffice)	(Mailing A	(khress)
Waltham, MA 02451		Waltham, MA 02451	
			
			7
7. Name and street addres	ss of Florida registered agent; (P.O. B	lox NOT acceptable)	
Newson	C T Corporation System		
Name:			
Office Address:	1200 South Pine Island Road		
	Plantation	, Florida 33324 (Zip.	
	(City)	(∠ip	(ode)
	By: C T Corporation System (Registered age)	Terns pares	. Asst. Secy.
8. The name, title or cap: Title or Capacity:	acity and address of the person(s) who Name and Address:	has/have authority to manage is/are <u>Title or Capacity:</u>	: Name and Address:
Member	Bio-Medical Applications	លាំ	
	Florida, Inc. 920 Winter 5		
	Waltham, MA 02451		
 			
(Use attachments if neces	ssary)		
9. Attached is a certificate jurisdiction under the law of the translator must be s	e of existence, no more than 90 days or of which it is organized. (If the certification)	old, duly authenticated by the official icate is in a foreign language, a trans	having custody of records in the dation of the certificate under oat
10. This document is execution and the submitted in a document to	euted in accordance with section 605.0 to the Department of State constitutes :	(203 (1) (b), Florida Statutes, I am av a third degree felony as provided for	ware that any false information in s.817.155, F.S.
			
	Sign	outure of an authorized person	
	NAME AND STREET		
	Bryan Mello, Assistant Treasurer	sed or printed name of signer	
	+2F		

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "FRESENIUS MEDICAL CARE CENTRAL

FLORIDA, 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 FOURTEENTH DAY OF

FEBRUARY, A.D. 2019.

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

7281259 8300

SR# 20191026399

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

Authentication: 202263436

Date: 02-14-19