

M190000008322

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

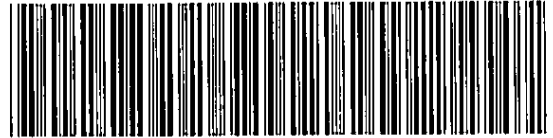
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400333794504

08/27/19--01021--009 **125.00

19 AUG 27 PM 11:33

2019 AUG 27 AM 11:26

FILED

B KINSEY
AUG 28 2019

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724

Date: 8/27/2019

Acc#I20160000072

W: L SW

Name:	WellMed Tampa/Orlando Medicare ACO, LLC
Document #:	
Order #:	12100635 - Line 1

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input type="checkbox"/>
	Plain: <input checked="" type="checkbox"/>
	COGS: <input type="checkbox"/>

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 125

Thank you!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WellMed Tampa/Orlando Medicare ACO, 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:

Carol Zuniga, VP Accounting
Name of Person
WellMed Tampa/Orlando Medicare ACO, LLC
Firm/Company
8637 Fredericksburg Road, Suite 360
Address
San Antonio, Texas 78240
City/State and Zip Code
licensing@wellmed.net
E-mail address: (to be used for future annual report notification)

2019 AUG 27 AM 11:26

FILED

For further information concerning this matter, please call:

Rebecca Lambeth at (512) 391-4936
Name of Contact Person 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:

Please make check payable to: FLORIDA DEPARTMENT OF STATE

- \$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. WellMed Tampa/Orlando Medicare ACO, 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. Texas 84-2193803
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. June 21, 2019
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 8637 Fredericksburg Rd, Ste. 360 8637 Fredericksburg Rd, Ste. 360
(Street Address of Principal Office) (Mailing Address)

Attn: VP, Accounting Attn: VP, Accounting

San Antonio, Texas 78240 San Antonio, Texas 78240

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(City) (Zip code)

2019 AUG 27 AM 11:26
FILED

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: [Signature] C T Corporation System
(Registered agent's signature)

Michele Miller
Assistant Secretary

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity: Manager
Name and Address: Name: Carlos O. Hernandez, M.D.
 Address: 8637 Fredericksburg Rd.
Ste. 360
 Person San Antonio, Texas 78240
 Other _____ Other _____

Manager Name: Carol Zuniga
 Member Address: 8637 Fredericksburg Rd.
 Authorized Ste. 360
 Person San Antonio, Texas 78240
 Other Secretary Other _____

Manager Name: Peter Gill
 Member Address: 9900 Bren Road East
 Authorized Minnetonka, MN 55343
 Person _____
 Other Treasurer Other _____

Title or Capacity: Manager
Name and Address: Name: George McCarroll Rapier III, M.D.
 Address: 8637 Fredericksburg Rd.
Ste. 360
 Person San Antonio, Texas 78240
 Other _____ Other CEO

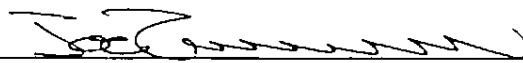
Manager Name: Bryan David Grundhoefer
 Member Address: 8637 Fredericksburg Rd.
 Authorized Ste. 360
 Person San Antonio, Texas 78240
 Other President Other _____

Manager Name: Joseph Anthony Zimmerman
 Member Address: 8637 Fredericksburg Rd.
 Authorized Ste. 360
 Person San Antonio, Texas 78240
 Other Vice President/CI Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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 of an authorized person

Joseph Anthony Zimmerman

 Typed or printed name of signee

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697



Ruth R. Hughs
Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for WellMed Tampa/Orlando Medicare ACO, LLC (file number 803349676), a Domestic Limited Liability Company (LLC), was filed in this office on June 20, 2019.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on August 26, 2019.



A handwritten signature in black ink, appearing to read "Ruth R. Hughs".

Ruth R. Hughs
Secretary of State