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Date: 8/27/2019

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Name:	WellMed Florida Medicare ACO, LLC
Document #:	
Order #:	12100635 - Line 6

Certified Copy of Arts & Amend:	<input type="checkbox"/>	2019 AUG 27 PM 4:41	
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Amount: \$ 125

Thank you!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WellMed Florida 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:

Form with fields for Name of Person (Carol Zuniga, VP Accounting), Firm/Company (WellMed Florida Medicare ACO, LLC), Address (8637 Fredericksburg Road, Suite 360), City/State and Zip Code (San Antonio, Texas 78240), and E-mail address (licensing@wellmed.net).

Vertical stamp: 2018 JUN 27 PM 4:41

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

- Four checkboxes for filing fees: \$125.00 Filing Fee, \$130.00 Filing Fee & Certificate of Status, \$155.00 Filing Fee & Certified Copy, and \$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 Florida 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 (Jurisdiction under the law of which foreign limited liability company is organized)
3. 84-2233329 (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 (Street Address of Principal Office)
6. 8637 Fredericksburg Rd, Ste. 360 (Mailing Address)

Attn: VP, Accounting

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)

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: Michele Miller, Assistant Secretary
C T Corporation System
(Registered agent's signature)

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  
San Antonio, Texas 78240  
 Member  
 Authorized Person  
 Other \_\_\_\_\_  Other \_\_\_\_\_

Manager  
**Name and Address:** Name: Carol Zuniga  
 Address: 8637 Fredericksburg Rd.  
Ste. 360  
 Authorized Person  
San Antonio, Texas 78240  
 Other Secretary \_\_\_\_\_  Other \_\_\_\_\_

Manager  
**Name and Address:** Name: Peter Gill  
 Address: 9900 Bren Road East  
Minnetonka, MN 55343  
 Member  
 Authorized Person  
 Other Treasurer \_\_\_\_\_  Other \_\_\_\_\_

**Title or Capacity:**  Manager  
**Name and Address:** Name: George McCarroll Rapier III, MD  
 Address: 8637 Fredericksburg Rd.  
Ste. 360  
 Member  
 Authorized Person  
San Antonio, Texas 78240  
 Other \_\_\_\_\_  Other CEO \_\_\_\_\_

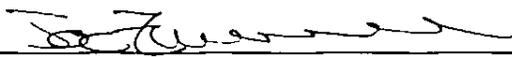
Manager  
**Name and Address:** Name: Bryan David Grundhoefer  
 Address: 8637 Fredericksburg Rd.  
Ste. 360  
 Authorized Person  
San Antonio, Texas 78240  
 Other President \_\_\_\_\_  Other \_\_\_\_\_

Manager  
**Name and Address:** Name: Joseph Anthony Zimmerman  
 Address: 8637 Fredericksburg Rd.  
Ste. 360  
 Authorized 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 signer

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 Florida Medicare ACO, LLC (file number 803349664), a Domestic Limited Liability Company (L.L.C), was filed in this office on June 20, 2019.

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

2019 AUG 27 PM

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