

MI9000011215

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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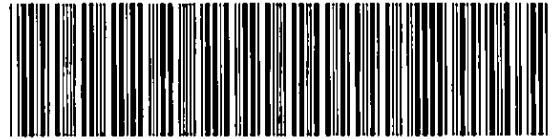
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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

ACCOUNT NO. : I20000000195

REFERENCE : 050402 4339596

AUTHORIZATION

COST LIMIT : \$ 125.00

ORDER DATE : November 13, 2019

ORDER TIME : 9:50 AM

ORDER NO. : 050402-005

CUSTOMER NO: 4339596

11/13/21 PM 4:51

FOREIGN FILINGS

NAME: HEALTHSYNC, 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: Kadesha Roberson -- EXT# 62980

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HealthSync, 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:

Lynda M. Light

Name of Person

Thompson Coburn LLP

Firm/Company

One US Bank Plaza, Suite 3200

Address

St. Louis, MO 63101

City/State and Zip Code

Tim.Elliott@davishealthcare.com

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

For further information concerning this matter, please call:

Lynnda M. Light

Name of Contact Person

314

at ()

Area Code

552-6395

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. HealthSync, 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. Delaware 84-3257471
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. October 31, 2019
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 555 Maryville University Drive
(Street Address of Principal Office)

6. 555 Maryville University Drive
(Mailing Address)

Suite 240

Suite 240

St. Louis, MO 63141

St. Louis, MO 63141

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee 32301
(City) Florida (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.

Corporation Service Company
By: Sheree Hinder
(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: Name and Address:

☐ Manager Name: Sync, LLC

☒ Member Address: c/o Chandresh Saraiya

☐ Authorized 18608 Avenue Monaco

Person Lutz, FL 33558

☐ Other _____ ☐ Other _____

☐ Manager Name: Navvis & Company, LLC

☒ Member Address: c/o Michael Farris

☐ Authorized 555 Maryville University Drive, Ste. 300

Person St. Louis, MO 63141

☐ Other _____ ☐ Other _____

☒ Manager Name: Chandresh Saraiya

☐ Member Address: 18608 Avenue Monaco

☐ Authorized Lutz, FL 33558

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: Name and Address:

☐ Manager Name: Florida Medical Clinic, LLC

☒ Member Address: c/o Joe Delatorre

☐ Authorized 2150 Via Bella Blvd.

Person Land O'Lakes, FL 34639

☐ Other _____ ☐ Other _____

☒ Manager Name: Michael Farris

☐ Member Address: 555 Maryville University Drive

☐ Authorized Suite 300

Person St. Louis, MO 63141

☐ Other _____ ☐ Other _____

☒ Manager Name: Joe Delatorre

☐ Member Address: 2150 Via Bella Blvd.

☐ Authorized Land O'Lakes, FL 34639

Person _____

☐ Other _____ ☐ 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.

Mike Farris

Digitally signed by Mike Farris
Date: 2019.11.12 13:32:55
-06'00'

Signature of an authorized person

Michael R. Farris

Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HEALTHSYNC, 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 TWENTIETH DAY OF NOVEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HEALTHSYNC, LLC" WAS FORMED ON THE TWENTIETH DAY OF SEPTEMBER, A.D. 2019.

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

NOV 21 PM 4:51



7617978 8300

SR# 20198207253

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

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 204052405

Date: 11-20-19