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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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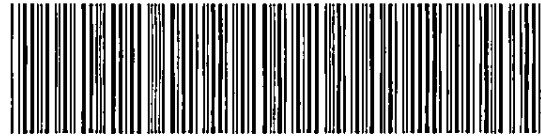
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**DATE: 3/4/20**

**NAME: MYONSITE HEALTHCARE, LLC**

**TYPE OF FILING: APPLICATION**

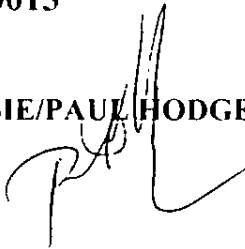
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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**

A handwritten signature in black ink, appearing to read "PAUL HODGE", is written over the printed name "PAUL HODGE" in the authorization field.

2020 MAR -4 PM 11:41

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MYONSITE HEALTHCARE, 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:

Mayank - T. Trivedi  
Name of Person

MYONSITE HEALTHCARE, LLC  
Firm/Company

1990 MAIN STREET, STE-750  
Address

SARASOTA - FL - 34236  
City/State and Zip Code

mayank@myonsitehealthcare.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Havita 029 at (813) 2605679  
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:

- ☒ \$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

2020 FEB -6 AM 11:41

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. MYON SITE HEALTHCARE, 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  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 47-2419095  
(FEI number, if applicable)

4. 1/01/2020  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1990 MAIN STREET  
(Street Address of Principal Office)  
SITE 750  
SARASOTA - FL - 34236

6. 1990 MAIN STREET  
(Mailing Address)  
SITE 750  
SARASOTA - FL - 34236

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

Name: 7984 Mayank J. Trivedi

Office Address: 1990 MAIN STREET

SARASOTA - FL - 34236 Florida 34236  
(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.

Mayank J. Trivedi  
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
Member	<u>Mayank J. Trivedi</u> <u>7984, Megan Hammock way</u> <u>Sarasota FL - 34236</u>		

(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 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.

Mayank J. Trivedi  
Signature of an authorized person

Mayank J. Trivedi  
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 "MYONSITE HEALTHCARE, 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 THIRD DAY OF MARCH, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MYONSITE HEALTHCARE, LLC" WAS FORMED ON THE SECOND DAY OF DECEMBER, A.D. 2014.

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


2020 MAR -4 PM 11:41



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SR# 20201883008

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

  
Jeffrey W. Bullock, Secretary of State

Authentication: 202505729

Date: 03-03-20