

N 25000004950

(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:

reject.  
has to be  
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w20000048569

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2020 MAY -8 PM 2:08

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 18, 2020

STEVEN M. ZIEGLER  
4300 NW 89TH BLVD.  
GAINESVILLE, FL 32606

SUBJECT: HAVEN HOSPICE PROPERTIES, LLC  
Ref. Number: W20000048569

We have received your document for HAVEN HOSPICE PROPERTIES, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

According to section 605.0902, Florida Statutes, the application for Certificate of Authority must be made on the forms prescribed and furnished by the Department of State. Therefore, your application is being returned and the correct form is enclosed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yvette Scott  
Document Specialist II

Letter Number: 520A00010021

Steven M. Ziegler  
4300 NW 89th Blvd.  
Gainesville, Florida 32606  
May 4, 2020

Registration Section  
Division of Corporations  
Florida Department of State  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Haven Hospice Properties, LLC

Ladies and Gentlemen:

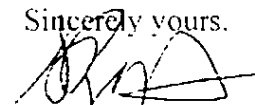
Enclosed is an Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida, submitted on behalf of Haven Hospice Properties, LLC, a Delaware limited liability company (the "Company"), to register the Company to transact business in Florida. Also enclosed are a copy of the Company's Certificate of Formation filed in Delaware, as certified by the Delaware Secretary of State on April 7, 2020, and a governing certificate issued by the Delaware Secretary of State, dated April 8, 2020. Also enclosed is a check in the amount of \$125, to cover the filing fee for the application and the designation of registered agent.

Please return all correspondence concerning this matter to me at the following address:

Steven M. Ziegler  
Senior Vice President and General Counsel  
SantaFe HealthCare, Inc.  
4300 NW 89th Blvd.  
Gainesville, Florida 32606

My daytime telephone number is (954) 309-8966. The email address for sending future annual report and other notifications regarding the Company is [Steve.Ziegler@avmed.org](mailto:Steve.Ziegler@avmed.org). Please contact me by telephone or email if you have any questions.

Sincerely yours,



Steven M. Ziegler

FILED  
2020 MAY 8 PM 3:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Haven Hospice Properties, 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:

Steven M. Ziegler

Name of Person

Haven Hospice Properties, LLC

Firm/Company

4300 NW 89th Blvd.

Address

Gainesville, Florida 32606

City/State and Zip Code

Steve.Ziegler@uvmed.org

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

**FILED**  
2020 MAY -8 PM 2:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Steven M. Ziegler

at ( 954 ) 309-8966

Name of Contact Person

Area Code

Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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. Haven Hospice Properties, 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. 85-0917632  
(FEI number, if applicable)

4. The limited liability company has not yet transacted business in Florida.

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

5. 4300 NW 89th Blvd.  
(Street Address of Principal Office)

6. 4300 NW 89th Blvd.  
(Mailing Address)

Gainesville, Florida 32606

Gainesville, Florida 32606

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

Name: Steven M. Ziegler

Office Address: 4300 NW 89th Blvd.

Gainesville, Florida 32606  
(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.

(Registered agent's signature)

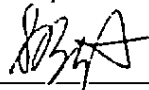
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: North Central Florida Hospice, Inc.	<input type="checkbox"/> Manager	Name: Steven M. Ziegler
<input checked="" type="checkbox"/> Member	Address: 4200 NW 90th Blvd.	<input type="checkbox"/> Member	Address: 4300 NW 89th Blvd.
<input type="checkbox"/> Authorized	Gainesville, FL 32606	<input checked="" type="checkbox"/> Authorized	Gainesville, FL 32606
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name:	<input type="checkbox"/> Manager	Name:
<input type="checkbox"/> Member	Address:	<input type="checkbox"/> Member	Address:
<input type="checkbox"/> Authorized		<input type="checkbox"/> Authorized	
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name:	<input type="checkbox"/> Manager	Name:
<input type="checkbox"/> Member	Address:	<input type="checkbox"/> Member	Address:
<input type="checkbox"/> Authorized		<input type="checkbox"/> Authorized	
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> 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 §.817.155, F.S.



Signature of an authorized person

Steven M. Ziegler

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 "HAVEN HOSPICE PROPERTIES, 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 EIGHTH DAY OF APRIL, A.D. 2020.

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

FILED  
2020 MAY -8 PM 2:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



7926813 8300

SR# 20202681918

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: 202735450

Date: 04-08-20