

M20000005/55

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____



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20 JUN -9 AM 6 34
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JUN 10 2009

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Haven Palliative Care, 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 Palliative Care, LLC

Firm/Company

4300 NW 89th Blvd.

Address

Gainesville, Florida 32606

City/State and Zip Code

Steve.Ziegler@avmed.org

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

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For further information concerning this matter, please call:

Steven M. Ziegler

954

309-8966

at ()

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 Palliative Care, 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 3. 85-1116047
(Jurisdiction under the law of which foreign limited liability company is organized) (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)

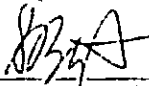
5. 4300 NW 89th Blvd. 6. 4300 NW 89th Blvd.
(Street Address of Principal Office) (Mailing Address)
Gainesville, Florida 32606 Gainesville, Florida 32606

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 32606
(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.


(Registered Agent's signature)

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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: North Central Florida Hospice, Inc.
☒ Member Address: 4200 NW 90th Blvd.
☐ Authorized Gainesville, FL 32606
Person
☐ Other ☐ Other

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person
☐ Other ☐ Other

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person
☐ Other ☐ Other

Title or Capacity: **Name and Address:**
☐ Manager Name: Steven M. Ziegler
☐ Member Address: 4300 NW 89th Blvd.
☒ Authorized Gainesville, FL 32606
Person
☐ Other ☐ Other

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person
☐ Other ☐ Other

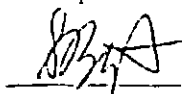
☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person
☐ Other ☐ Other

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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

Steven M. Ziegler

Typed or printed name of signee

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HAVEN PALLIATIVE CARE, 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 THIRTEENTH DAY OF MAY, A.D. 2020.

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



7967833 8300

SR# 20203866760

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.

Authentication: 202927244

Date: 05-13-20



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 9, 2020

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

SUBJECT: HAVEN PALLIATIVE CARE, LLC
Ref. Number: W20000056840

We have received your document for HAVEN PALLIATIVE CARE, LLC and check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

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

Laura D Chang
Regulatory Specialist II

Letter Number: 920A00011253

6/9 Received Correct app WDC