

9/15/2020

Division of Corporations

M2000008125

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To:

Division of Corporations
Fax Number : (850)617-6383

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Phone : (614)280-3338
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**Foreign Limited Liability Company
MMM of Florida Healthcare Management, LLC**

Certificate of Status	0
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September 16, 2020

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CT CORPORATION SYSTEM

SUBJECT: MMMOFFLORIDAHEALTHCAREMANAGEMENT, LLC
REF: W20000106254

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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

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Tracy L Lemieux
Regulatory Specialist II

FAX Aud. #: H20000321013
Letter Number: 120A00017669

DocuSign Envelope ID: DB4063C8-447A-420D-B8F2-F3C6F4BA3A24

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. MMM of Florida Healthcare Management, 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. 85-2735352
(Jurisdiction under the law of which foreign limited liability company is organized) (TIN number, if applicable)

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

5. c/o InnovaCare Health, L.P. 6. c/o InnovaCare Health, L.P.
(Street Address of Principal Office) (Mailing Address)

44 S. Broadway, First Floor

44 S. Broadway, First Floor

White Plains, NY 10601

White Plains, NY 10601

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)

FILED
 2021 SEP 15 A 03 35
 STATE OF FLORIDA
 CLERK OF THE COURT

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.

C.T. Corporation System
 By Kimberly Lauhgrey Kimberly Lauhgrey, Assistant Secretary
(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]

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Ronald Schutzen</u>	<input type="checkbox"/> Manager	Name: <u>Tony Mazzorana</u>
<input type="checkbox"/> Member	Address: <u>c/o InnovaCare Health, L.P.</u>	<input type="checkbox"/> Member	Address: <u>c/o InnovaCare Health, L.P.</u>
<input type="checkbox"/> Authorized	<u>44 S. Broadway, First Floor</u>	<input type="checkbox"/> Authorized	<u>44 S. Broadway, First Floor</u>
Person	<u>White Plains, NY 10601</u>	Person	<u>White Plains, NY 10601</u>
<input checked="" type="checkbox"/> Other <u>President</u>	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other <u>Chief Operating O</u>	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Arrie Paniagua</u>	<input type="checkbox"/> Manager	Name: <u>Doug Malton</u>
<input type="checkbox"/> Member	Address: <u>c/o InnovaCare Health, L.P.</u>	<input type="checkbox"/> Member	Address: <u>c/o InnovaCare Health, L.P.</u>
<input type="checkbox"/> Authorized	<u>44 S. Broadway, First Floor</u>	<input type="checkbox"/> Authorized	<u>44 S. Broadway, First Floor</u>
Person	<u>White Plains, NY 10601</u>	Person	<u>White Plains, NY 10601</u>
<input checked="" type="checkbox"/> Other <u>Chief Financial O</u>	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other <u>Vice President</u>	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Paul Klausner</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>c/o InnovaCare Health, L.P.</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>44 S. Broadway, First Floor</u>	<input type="checkbox"/> Authorized	_____
Person	<u>White Plains, NY 10601</u>	Person	_____
<input checked="" type="checkbox"/> Other <u>Secretary</u>	<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 s.817.155, F.S.

DocuSigned by:

 1F83B25133D6425
 Signature of an authorized person
 Paul Klausner
 Typed or printed name of signer

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "MMM OF FLORIDA HEALTHCARE MANAGEMENT,
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 FIFTEENTH DAY OF SEPTEMBER, A.D. 2020.

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



3047503 8300

SR# 20207278462

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

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

Authentication: 203658368

Date: 09-15-20