9/15/2020 Division of Corporations

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Florida Department of State
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To:
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Fax Number : (850)617-6383

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Account Name : C T CORPORATION SYSTEM
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Foreign Limited Liability Company
MMM of Florida Physicians Network, LLC

Certificate of Status	0
Certified Copy	1
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September 16, 2020

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CT CORPORATION SYSTEM

SUBJECT: MMMOFFLORIDAPHYSICIANSNETWORK,LLC
REF: W20000106361

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.

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

Tracy L Lemieux
Regulatory Specialist II

FAX Aud. #: H20000321416
Letter Number: 620A00017680

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 Physicians Network, 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. 85-2719370
(FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.9935, F.S. to determine penalty liability.)

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

44 S. Broadway, First Floor

White Plains, NY 10601

6. c/o InnovaCare Health, L.P.
(Mailing Address)

44 S. Broadway, First Floor

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 (City), Florida 33324 (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.

C T Corporation System

By: Kimberly Laughrey, Asstistant Secretary
(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:	Title or Capacity:	Name and Address:
☐ Manager ☐ Member ☐ Authorized Person ☒ Other President ☐ Other	Name: Ronald Schutzen Address: c/o InnovaCare Health, L.P 44 S. Broadway, First Floor White Plains, NY 10601	☐ Manager ☐ Member ☐ Authorized Person ☒ Other Chief Operating Officer ☐ Other	Name: Tony Mazzorana Address: c/o InnovaCare Health, L.P 44 S. Broadway, First Floor White Plains, NY 10601
☐ Manager ☐ Member ☐ Authorized Person ☒ Other Chief Financial Officer ☐ Other	Name: Arnie Paniagua Address: c/o InnovaCare Health, L.P 44 S. Broadway, First Floor White Plains, NY 10601	☐ Manager ☐ Member ☐ Authorized Person ☒ Other Vice President ☐ Other	Name: Doug Malton Address: c/o InnovaCare Health, L.P 44 S. Broadway, First Floor White Plains, NY 10601
☐ Manager ☐ Member ☐ Authorized Person ☒ Other Secretary ☐ Other	Name: Paul Klausner Address: c/o InnovaCare Health, L.P 44 S. Broadway, First Floor White Plains, NY 10601	☐ Manager ☐ Member ☐ Authorized Person ☐ Other ☐ Other	Name: Address:

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:
Paul Klausner
1FB3BD513306425

Signature of an authorized person

Paul Klausner

Typed or printed name of signee

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MMM OF FLORIDA PHYSICIANS NETWORK, 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.

Jeffrey W. Bullock, Secretary of State

3047549 8300

SR# 20207278456

Authentication: 203658366

Date: 09-15-20

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