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September 16, 2020

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CT CORPORATION SYSTEM

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SUBJECT: VIVAMASMEDICALCENTER-PEMBROKEPINES, LLC

REF: W20000106359

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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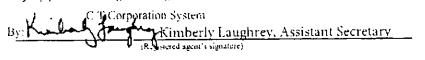
APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLANCE WITH SECIION 605,000, ELORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN TIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| | er - Pembroke Pines, LLC | | | | | · · · · · · |
|------------------------------------|--|----------------------------|------------------------|--------------------|-----------------------|---------------------------------------|
| (Mame of Foreign I | amited Liability Company, must include "Limiter | f Liabilit | у Совірапу," "І.І.С | ," or "LLC") | | |
| rame onavadable, enter alternate o | and adopted for the purpose of transacting business in Flo | orida Tije | alternate name must ma | de de "Lamated Lad | hdity Company," "Lif. | C.Tierri i C |
| Delaware | | 3. | 85-1208055 | | | |
| (Jurisdiction under the law of wh | | | (FI numbe | r, it applicables | | |
| | (Date fost massacted business in Florida, if prior to | registration | 9) | | | |
| | 7See sections 605 0904 & 005,0905, F.S. to determi | ine penalty | liability) | | | |
| c/o InnovaCare Health. | 1. P. | c/o InnovaCare Health, L.P | | | | |
| izet Address of Chacipal ((fice) | | 6 (Mailing Address) | | | | |
| 44 S. Broadway, First Floor | | 44 S. Broadway, First Hoor | | | . | |
| White Plains, NY 10601 | | | White Plains, NY 10601 | | | |
| Name and street address | 3 of Florida registered agent; (P.O. Box | NOT | acceptable) | | ₩ | |
| Name: | CT Corporation System | | | | | · · · · · · · · · · · · · · · · · · · |
| Office Address. | 1200 South Pine Island Road | | | | | |
| | Plantation | | Florida | 33324 | | **** |
| | (Cip) | | | (Zip dode) | 17 AD | |

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.



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| 8. | For initial indexing purposes, | list names, title o | r capacity and | addresses of | the primary | members/managers or | persons authoriz | ed to |
|----|--------------------------------|---------------------|----------------|--------------|-------------|---------------------|------------------|-------|
| ma | nage lup to six (6) totall | | | | | | | |

| Title or Capacity: | Name and Address: | Title or Capacity: | Name and Address: |
|--------------------|--------------------------------------|--------------------|--------------------------------------|
| _ Manager | Name: Ronald Schutzen | Manager | Name: Tony Mazzorana |
| | Address: 2/0 InnovaCare Health, L.P. | Member | Address:Address: |
| Authorized | 44 S. Broadway, First Floor | ☐ Authorized | 44 S. Broadway, First Floor |
| Person | White Plains, NY 19601 | Person | White Plains, NY 10601 |
| President Other | | | ating OfficerOther |
| _ Manager | Name: | ∐Manager | Name: Doug Malton |
| □ Member | Address: | | Address: e/o InnovaCare Health, L.P. |
| Authorized | 44 S. Broadway, First Floor | TAuthorized | 44 S. Broadway, First Floor |
| Person | White Plains, NY 10601 | Person | White Plains, NY 10601 |
| | netal OfficerOther | | lent Other |
| Manager | Name: Paul Klausner | ∏ Manager | Name. |
| | Address: e/o InnovaCare Health, L.P. | | Address: |
| Authorized | 44 S. Broadway, First Floor | Authorized | |
| Person | White Plains, NY 10601 | Person | |
| S.Other | Other | []Other | 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 translation must be submitted).
- 10. This document is executed in accordance with section 605 0203 (1) (b), Florida Statutes. Lam aware that any take information submitted in a document to the December of State constitutes a third degree fellows as provided for in s.817,155, F.S.

| Paul Klausnes | | |
|-----------------|-----------------------------------|--|
| 1FB380513300425 | | |
| - | Signature of na authorized person | |
| Paul Klausner | | |
| | Exped or pointed name of source | |



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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "VIVAMAS MEDICAL CENTER - PEMBROKE

PINES, 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.

Authentication: 203658372

Date: 09-15-20