

Florida Department of State

Division of Corporations
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To:

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

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

Foreign Limited Liability Company
Access Medical Acquisition, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

FILE SECOND

JAN -5-2021

M. SOLOMON

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Corporate Filing Menu

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**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. Access Medical Acquisition, 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. DE 3. 46-3485489
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. 6100 Blue Lagoon Drive 6. 7700 Forsyth Blvd.
(Street Address of Principal Office) (Mailing Address)
Ste. 365 St. Louis, MO 63105
Miami, FL 33126

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)

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 Terrie Bates Terrie Bates, 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 checked="" type="checkbox"/> Manager	Name: <u>Charles Chervitz</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Christopher Koster</u>
<input type="checkbox"/> Member	Address: <u>6100 Blue Lagoon Drive</u>	<input type="checkbox"/> Member	Address: <u>7700 Forsyth Blvd.</u>
<input type="checkbox"/> Authorized	<u>Miami, FL 33126</u>	<input type="checkbox"/> Authorized	<u>St. Louis, MO 63105</u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other	<u></u>	<input checked="" type="checkbox"/> Other Secy	<u></u>
<input checked="" type="checkbox"/> Manager	Name: <u>Michael Sama</u>	<input type="checkbox"/> Manager	Name: <u>Tricia Dinkelman</u>
<input type="checkbox"/> Member	Address: <u>6100 Blue Lagoon Drive</u>	<input type="checkbox"/> Member	Address: <u>7700 Forsyth Blvd.</u>
<input type="checkbox"/> Authorized	<u>Miami, FL 33126</u>	<input type="checkbox"/> Authorized	<u>St. Louis, MO 63105</u>
Person	<u></u>	Person	<u></u>
<input checked="" type="checkbox"/> Other Pres/CEO	<u></u>	<input checked="" type="checkbox"/> Other VP, Tax	<u></u>
<input type="checkbox"/> Manager	Name: <u>Chris Isaak</u>	<input type="checkbox"/> Manager	Name: <u>Sarah Baiocchi</u>
<input type="checkbox"/> Member	Address: <u>7700 Forsyth Blvd.</u>	<input type="checkbox"/> Member	Address: <u>7700 Forsyth Blvd.</u>
<input type="checkbox"/> Authorized	<u>St. Louis, MO 63105</u>	<input type="checkbox"/> Authorized	<u>St. Louis, MO 63105</u>
Person	<u></u>	Person	<u></u>
<input checked="" type="checkbox"/> Other Treasurer	<u></u>	<input checked="" type="checkbox"/> Other VP	<u></u>

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.

Tricia Dinkelman

Signature of an authorized person

Tricia Dinkelman, VP, Tax

Typed or printed name of signer

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CLERK OF STATE
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "ACCESS MEDICAL ACQUISITION, 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 THIRTY-FIRST DAY OF DECEMBER, A.D. 2020.

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



5386872 8300

SR# 20208805896

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

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

Jeffrey W. Bullock, Secretary of State

Authentication: 204455712

Date: 12-31-20