

1/7/2021

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the Filing Number (shown below) on the top and bottom of all pages of the document.

(((H21000007879 3)))



H210000078793ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.  
Doing so will generate another cover sheet.

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  
Urban Health Physicians, LLC

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

JAN - 8 2021

M. SOLOMON

Electronic Filing Menu

Corporate Filing Menu

Help

# 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. Urban Health Physicians, L.L.C.

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If none available, 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. 85-4390364

(FEI number, if applicable)

4. 1/1/2021

(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0901 & 605.0903, F.S., to determine penalty liability)

5. 265 W Hwy 50,

(Street Address of Principal Office)

Clermont, Florida 34711

6. 44 South Broadway, 1st Floor

(Mailing Address)

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 Laughre, Mark H. Travis, Esq.

(Registered agent's signature)

2021 JAN -7 AM 9:50  
CLERK OF STATE  
OFFICE OF REVENUE

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>Douglas Malton</u>	<input type="checkbox"/> Manager	Name: <u>Penelope Kokkinides</u>
<input checked="" type="checkbox"/> Member	Address: <u>44 South Broadway, 1st Floor</u>	<input type="checkbox"/> Member	Address: <u>851 Douglas Ave</u>
<input type="checkbox"/> Authorized	<u>White Plains, NY 10501</u>	<input checked="" type="checkbox"/> Authorized	<u>Altamonte Springs, FL 32714</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Michael Sortino</u>	<input type="checkbox"/> Manager	Name: <u>Richard Shinto</u>
<input type="checkbox"/> Member	Address: <u>44 South Broadway, 1st Floor</u>	<input type="checkbox"/> Member	Address: <u>44 South Broadway, 1st Floor</u>
<input checked="" type="checkbox"/> Authorized	<u>White Plains, NY 10601</u>	<input checked="" type="checkbox"/> Authorized	<u>White Plains, NY 10601</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Leslie Prizant</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>44 South Broadway, 1st Floor</u>	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	<u>White Plains, NY 10601</u>	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<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.

Leslie Prizant  
 \_\_\_\_\_  
 Signature of an authorized person

Leslie Prizant  
 \_\_\_\_\_  
 Typed or printed name of signer

FILED  
 2021 JAN -7 AM 9:50  
 CLERK OF DISTRICT COURT  
 HARRISON COUNTY, FLORIDA

# Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "URBAN HEALTH PHYSICIANS, 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 THIRTIETH DAY OF DECEMBER, A.D. 2020.

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



4513967 8300

SR# 20208794351

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://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: 204446624

Date: 12-30-20