

4/6/2021

Division of Corporations

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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)288-0845

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2021 APR -6 PM 3:11
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TALLAHASSEE, FL

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**Foreign Limited Liability Company
Highlands Ranch Healthcare, LLC**

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

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

(If name unavailable, enter alternate name adapted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Colorado 3. 84-1472832
 (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. 423 Fortress Blvd. 6. 423 Fortress Blvd.
 (Street Address of Principal Office) (Mailing Address)
Morgantown, WV 26508 Morgantown, WV 26508

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: Michele Miller Michele Miller, Asst. Secretary
 (Registered agent's signature)

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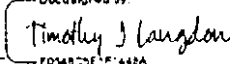
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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>Urgent Care MSO, LLC</u>	<input type="checkbox"/> Manager	Name: <u>David Ralph Ferrell, M.D.</u>
<input checked="" type="checkbox"/> Member	Address: <u>423 Fortress Blvd.</u>	<input type="checkbox"/> Member	Address: <u>423 Fortress Blvd.</u>
<input type="checkbox"/> Authorized	<u>Morgantown, WV 26508</u>	<input type="checkbox"/> Authorized	<u>Morgantown, WV 26508</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other <u>President</u>	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Jennifer Lois Harper</u>	<input type="checkbox"/> Manager	Name: <u>Timothy Joseph Langdon</u>
<input type="checkbox"/> Member	Address: <u>423 Fortress Blvd.</u>	<input type="checkbox"/> Member	Address: <u>9900 Bren Road East</u>
<input checked="" type="checkbox"/> Authorized	<u>Morgantown, WV 26508</u>	<input checked="" type="checkbox"/> Authorized	<u>Minnetonka, MN 55343</u>
Person	_____	Person	_____
<input checked="" type="checkbox"/> Other <u>Secretary</u>	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other <u>Asst. Secretary</u>	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Heather Anastasia Lang</u>	<input type="checkbox"/> Manager	Name: <u>Peter Marshall Gill</u>
<input type="checkbox"/> Member	Address: <u>9900 Bren Road East</u>	<input type="checkbox"/> Member	Address: <u>9900 Bren Road East</u>
<input checked="" type="checkbox"/> Authorized	<u>Minnetonka, MN 55343</u>	<input checked="" type="checkbox"/> Authorized	<u>Minnetonka, MN 55343</u>
Person	_____	Person	_____
<input checked="" type="checkbox"/> Other <u>Asst. Secretary</u>	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other <u>Treasurer</u>	<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:

 Signature of an authorized person
 Timothy Joseph Langdon
 Typed or printed name of signer

OFFICE OF THE SECRETARY OF STATE
OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

Highlands Ranch Healthcare, LLC

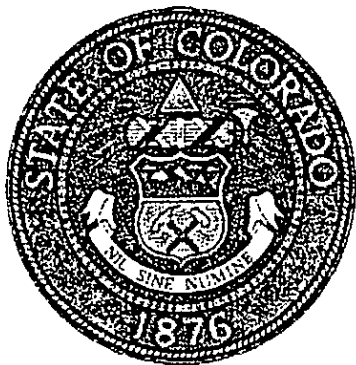
is a

Limited Liability Company

formed or registered on 08/28/1998 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 19981157164 .

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 04/02/2021 that have been posted, and by documents delivered to this office electronically through 04/06/2021 @ 09:35:24 .

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 04/06/2021 @ 09:35:24 in accordance with applicable law. This certificate is assigned Confirmation Number 13075697 .



A handwritten signature in cursive script that reads "Jena Griswold".

Secretary of State of the State of Colorado

*****End of Certificate*****
Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, <http://www.sos.state.co.us/biz/CertificateSearchCriteria.do> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, <http://www.sos.state.co.us/> click "Businesses, trademarks, trade names" and select "Frequently Asked Questions"