

5/26/2021

Division of Corporations
Florida Department of State
Division of Corporations
Registration Center Sheet

M2100006468

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(((H21000210875 3)))



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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

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

Email Address: _____

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2021 MAY 26 PM 3:20

Foreign Limited Liability Company
Medical Associates of Central Florida Physicians, L.L.C

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

SBF
5/27/21

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DocuSign Envelope ID: B357D3FD-5A4F-4871-9359-DD90C9222928

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:

Medical Associates of Central Florida Physicians, LLC

1. _____
(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.")
Delaware 87-0859308

2. _____ 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (F.E.I. number, if applicable)

May 20, 2021

4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0901 & 605.0905, F.S. to determine penalty liability)
1110 Druid Circle Trinity Medical Aquisition, LLC

5. _____ 6. _____
(Street Address of Principal Office) (Mailing Address)
Lake Wales, FL 33853 44 S Broadway, Ste 100

White Plains, NY 10601

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

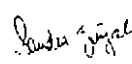
C T Corporation System

Name: _____
1200 South Pine Island Road

Office Address: _____
Plantation 33324
_____, Florida _____
(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.

By: C T Corporation System  Sandra Zwijack, 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):

Title or Capacity: Name and Address:
Richard A. Shinto, MD
☒ Manager Name: 44 S Broadway, Ste 100
☐ Member Address: White Plains, NY 10601
☐ Authorized Person
☐ Other Other

Title or Capacity: Name and Address:
Douglas Malton
☒ Manager Name: 44 S Broadway, Ste 100
☐ Member Address: White Plains, NY 10601
☐ Authorized Person
☐ Other Other

Leslie Prizant
☐ Manager Name: 4 S Broadway, Ste 100
☐ Member Address: White Plains, NY 10601
☒ Authorized Person
☐ Other Other

Manager Name: Member Address: Authorized Person
Other Other

Manager Name: Member Address: Authorized Person
Other Other

Manager Name: Member Address: Authorized Person
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 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:
Leslie Prizant 5/26/2021
3A2494EC2BF4AA
 Signature of an authorized person
Leslie Prizant
 Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MEDICAL ASSOCIATES OF CENTRAL FLORIDA 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 TWENTY-SIXTH DAY OF MAY, A.D. 2021.

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



5932517 8300

SR# 20212109785

You may verify this certificate online at corp.delaware.gov/authver.shtmlA handwritten signature in black ink, appearing to read "JB", 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: 203297226

Date: 05-26-21