

M21000012664

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

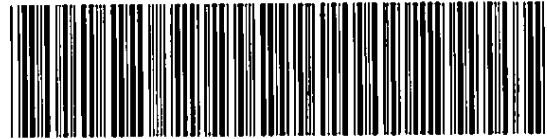
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2021 SEP 27 PM 12:41

STATE OF FLORIDA  
TALLAHASSEE, FL 32301

2021 SEP 27 AM 10:51

# CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312  
850-656-4724

Date: 09/27/2021

Acc#I20160000072

*en: c DW*

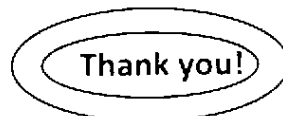
Name:	Centrum Medical Holdings, LLC
Document #:	
Order #:	13901797

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of:	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
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Ref# _____

Amount: \$ 155.00



**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Centrum Medical Holdings, LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Tonya LaBrec

\_\_\_\_\_  
Name of Person

Bright Health Group, Inc.

\_\_\_\_\_  
Firm/Company

8000 Norman Center Drive, Suite 1200

\_\_\_\_\_  
Address

Minneapolis, MN 55437

\_\_\_\_\_  
City/State and Zip Code

tlabrec@brighthousegroup.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tonya LaBrec

763

222-6198

at ( )

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☒ \$155.00 Filing Fee & Certified Copy    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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. Centrum Medical Holdings, 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. Delaware  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. (FEI 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. 8000 Norman Center Drive, Suite 1200  
(Street Address of Principal Office)

6. 8000 Norman Center Drive, Suite 1200  
(Mailing Address)

Minneapolis, MN 55437

Minneapolis, MN 55437

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)

2021 SEP 27 11:10:52

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: (Kimberly Bowens)  
(Registered agent's signature)

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:	Rodolfo Rodriguez-Duret		<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:	8000 Norman Center Drive		<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized		Suite 1200		<input type="checkbox"/> Authorized			
Person		Minneapolis, MN 55437		Person			
<input checked="" type="checkbox"/> Other	CEO		<input type="checkbox"/> Other			<input type="checkbox"/> Other	
<input type="checkbox"/> Manager	Name:	Graciela Victorero		<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:	8000 Norman Center Drive		<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized		Suite 1200		<input type="checkbox"/> Authorized			
Person		Minneapolis, MN 55437		Person			
<input checked="" type="checkbox"/> Other	COO		<input type="checkbox"/> Other			<input type="checkbox"/> Other	
<input type="checkbox"/> Manager	Name:			<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:			<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized				<input type="checkbox"/> Authorized			
Person				Person			
<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.

Rudy Rodriguez

Rudy Rodriguez (Sep 13, 2021 19:00 EDT)

Signature of an authorized person

Rodolfo Rodriguez-Duret

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 "CENTRUM MEDICAL HOLDINGS, 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-FOURTH DAY OF SEPTEMBER, A.D. 2021.

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



6042220 8300

SR# 20213337343

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: 204245130

Date: 09-24-21