

Ma1000015982

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

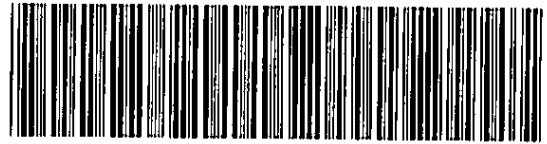
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400376667384

11/18/21--01012--021 **160.00

FILED

2021 NOV 18 PM 12:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

F



November 17, 2021

Florida Department of State
Registration Section
Division of Corporations

Re: Mirra PrimeAccess Holdings, LLC.
Foreign Entity Registration

Dear Sir or Madam:

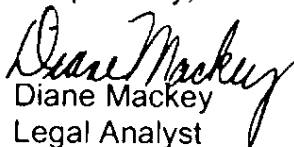
Per your request, enclosed please find the required documents necessary to transact business in Florida. Said documents include the following:

- Cover Letter
- Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida
- Certificate of Existence from the State of Delaware

Also enclosed is Access Health Care Physicians, LLC check # 085104 in the amount of One Hundred Sixty and 00/100 Dollars (\$160.00).

Please process this application as soon as possible. Should you have any questions or require further information, please contact me at (352) 799-0046 extension 5616.

Respectfully,


Diane Mackey
Legal Analyst

DM:dm
Enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Mirra-PrimeAccess 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:

Karen P. Hayes, Chief Financial Officer

Name of Person

Mirra-PrimeAccess Holdings LLC

Firm/Company

14690 Spring Hill Drive, Suite 100

Address

Spring Hill, FL 34609

City/State and Zip Code

legal@ahcp LLC.com

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

For further information concerning this matter, please call:

Karen P. Hayes

352

799-0046

Name of Contact Person

at (_____) _____

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. Mirra-PrimeAccess 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 3. 87-1836913
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 7/29/2021
(Date first transacted business in Florida, if prior to registration)
(Sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 14690 Spring Hill Drive, Suite 100 6. 14690 Spring Hill Drive, Suite 100
(Street Address of Principal Office) (Mailing Address)
Spring Hill, FL 34609 Spring Hill, FL 34609

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

Name: Scott A. Frick, Esq.
Office Address: 1005 N. Marion Street
Tampa, Florida 33602
(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.



(Registered agent's signature)

FILED
2021 NOV 18 PM 12:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:**

☐ Manager Name: Pariksith Singh, M.D.

☐ Member Address: 14690 Spring Hill Drive

☐ Authorized Suite 100

Person Spring Hill, FL 34609

☒ Other CEO ☐ Other _____

Title or Capacity: **Name and Address:**

☐ Manager Name: Manjusri Vennamaneni, M.D.

☐ Member Address: 14690 Spring Hill Drive

☐ Authorized Suite 100

Person Spring Hill, FL 34609

☒ Other Secretary ☐ Other _____

☐ Manager Name: Karen P. Hayes

☐ Member Address: 14690 Spring Hill Drive

☐ Authorized Suite 100

Person Spring Hill, FL 34609

☒ Other CFO ☐ Other _____

☐ Manager Name: Maria Scunziano-Singh, M.D.

☐ Member Address: 14690 Spring Hill Drive

☐ Authorized Suite 100

Person Spring Hill, FL 34609

☐ Other Vice-President ☐ 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.



Signature of an authorized person

Karen P. Hayes, Chief Financial Officer

Typed or printed name of signee

Delaware

The First State

Page 1

*I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "MIRRA-PRIMEACCESS 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 FIFTEENTH DAY OF NOVEMBER, A.D. 2021.*



5987947 8300

SR# 20213717461

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.

Authentication: 204692365

Date: 11-15-21



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 30, 2021

KAREN P. HAYES, CHIEF FINANCIAL OFFICER
14690 SPRING HILL DRIVE STE 100
SPRING HILL, FL 34609 US

SUBJECT: MIRRA-PRIMEACCESS HOLDINGS, LLC.
Ref. Number: W21000152989

We have received your document for MIRRA-PRIMEACCESS HOLDINGS, LLC. and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Consina Griffin-Greaux
Regulatory Specialist II

Letter Number: 821A00028780