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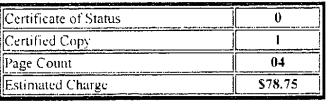


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To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845 \*\*Enter the email address for this business entity to be used for future: annual report mailings. Enter only one email address please.\*\* Email Address:\_\_

### FOREIGN PROFIT/NONPROFIT CORPORATION

Atria Physician Practice, P.C.



Electronic Filing Menu Corporate Filing Menu

Help

Page: 3 of 5

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### APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

| "Inc.," *Co., 1 "C                       | corporation: must include "INCORPORATED,"<br>Corp," "Inc," "Co," or "Corp.")           | ,,   |             |      |
|--|--|--|-------------|------|
|  | sician Practice, P.C. Corp.  |  |             |      |
| (If name unavail                         | able in Florida, enter alternate corporate name a                                      | adopted for the purpose of transacting husiness in Flor  | ida)        |      |
| 2. Pennsylvania                          | 3.   | Applied for  |             |      |
| (State or countr                         | ry under the law of which it is incorporated)  | (FEI number, if applicable)  |             |      |
| 4  | 5.   |  |             |      |
| (Date                                    | 5. of incorporation)   | (Date of duration, if other than perpetual)  |             |      |
| 6. upon qualificati                      | on   |  |             |      |
|  | (Date first transacted business in<br>(SEE SECTIONS 607.1501 & 607.15                  | Florida, if prior to registration)<br>02, F.S., to determine penalty liability)  |             |      |
| 7. 36 E. 57th St., 5t                    | h Floor, New York, NY 10022  |  |             |      |
|  | (Principal offic   | ce <u>street</u> address)  |             |      |
|  |  | Ţ,   | 207         |      |
|  | (Current mailin  | g address, if different)   |             | -4-3 |
| 8. Name and street                       | et address of Florida registered agent: (P.O   | Box NOT acceptable)  | 2021 DEC -7 |      |
| Name:                                    | C T Corporation System   |  |             | 17   |
| Office Address:                          | 1200 South Pine Island Road  |  |             |      |
|  | Plantation   | , Florida 33324 (Zip code)   | AM 4: 03    |      |
|  | (City)   | (Zip code)   |             |      |
| designated in this<br>further agree to c | ed as registered agent and to accept service application, I hereby accept the appointm | ee of process for the above stated corporation at the ent as registered agent and agree to act in this collaive to the proper and complete performance of ition as registered agent. | apacity. I  | ·,   |
|  | /s/ David Westcott, Assista  | nt Secretary   |             |      |
|  |  |  |             |      |

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

under the law of which it is incorporated.

To: +18506176383

| ⊒Chai <i>r</i> man | Name: Kenneth Hillel Shubin Stein, M.D.   | ☐ Choirman                 | Name:            |  |
|--------------------|---|----------------------------|------------------|--|
| □Vice Chairman     | 36 E. 57th St., 5th FI,<br>Address: New York, NY 10022  | □Vice Chairman             | Address:         | ······································ |
| Director           |   | Director                   |                  | <del> </del>                           |
| President          |   | ☐ President                |                  |  |
| □Vice President    |   | ☐ Vice President           |                  |  |
| Secretary          | Treasurer   | ☐ Secretary                |                  | ☐ Treasurer                            |
| Other              | Other   | □ Other                    |                  | □Other                                 |
| 2Choirman          | Name:   | ☐ Chairman                 | Name:            |  |
| □Vice Chairman     | Address:  | ☐ Vice Chairman            | Address:         |  |
| Director           |   | □Director                  |                  |  |
| □President         |   | □Presldent                 |                  |  |
| □Vice President    |   | □Vice President            |                  |  |
| Secretary          | Treasurer   | Secretary                  |                  | ☐ Treasurer                            |
| Other              | □ Other   | □Other                     |                  | □Other                                 |
| JChairman          | Name:   | □Chairman                  | Name:            |  |
| ∃Vice Chairman     | Address:  | □Vice Chairman             | Address:         |  |
| Director           |   | Director                   |                  |  |
| □President         |   | President                  |                  |  |
| □Vice President    |   | □Vice President            |                  |  |
| Secretary          | ☐Treasurer  | ☐ Secretary                |                  | 🖸 Гтеазитет                            |
| Other              | □Other  | ⊡ Other                    | <u>-</u>         | □Other                                 |
| Other              |   | ⊡ Other                    | '                | Other                                  |
| adividuals may be  | added to the index when filing your Florida Depart  | tment of State Armual Re   | port form.       | purposes only, won-index               |
| 2. <u> </u>        | Signature of Directo  |                            |                  |  |
| he officer or dire | Signature of Directo<br>ctor signing this document (and who is listed in nun<br>alse information submitted in a document to the Dep | nber t i above) affirms th | at the facts sta |  |

# COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

11/30/2021

#### TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

Atria Physician Practice, P.C.

is duly registered as a Pennsylvania Professional Corporation under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto see my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Acting Secretary of the Commonwealth

Certification Number: TSC211130162187-1

Verify this certificate online at http://www.corporations.pa.gov/orders/verify