

M22000004484

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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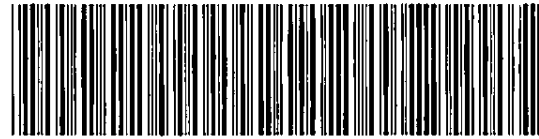
(Business Entity Name)

(Document Number)

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S. FRANKLIN

MAR 25 2022

# CT CORP

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

Date: 03/24/2022  
Acc#I20160000072

*mic SW*

Name:	InnovaCare Transportation, LLC
Document #:	
Order #:	14223898

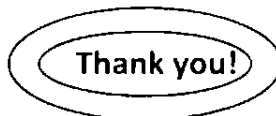
Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
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Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
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Verifier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

Amount: \$ 155.00



**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** INNOVACARE TRANSPORTATION, 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:

ANNETTE MEIL

Name of Person

INNOVACARE HEALTH, LP

Firm/Company

6900 TAVISTOCK LAKES BLVD., STE 300.

Address

LAKE NONA, FL 32827

City/State and Zip Code

ACMEIL@INNOVACAREHEALTH.COM

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

For further information concerning this matter, please call:

ANNETTE MEIL

at ( 321 )

343-9355

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

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2022 MAR 24

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. InnovaCare Transportation, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

2. DE 3. 88-1392508  
(Jurisdiction under the law of which foreign limited liability company is organized) (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. \_\_\_\_\_ 6. \_\_\_\_\_  
(Street Address of Principal Office) (Mailing Address)  
6900 Tavistock Lakes Blvd. Suite 300 6900 Tavistock Lakes Blvd. Suite 300  
Lake Nona, FL 32827 Lake Nona, FL 32827

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 33324  
(City) Florida (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: Mark Holloway Mark Holloway  
Assistant 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: ICH Flow-Through, LLC	<input type="checkbox"/> Manager	Name: Richard A. Shinto, MD
<input checked="" type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	6900 Tavistock Lakes Blvd. Suite 300	<input type="checkbox"/> Authorized	6900 Tavistock Lakes Blvd. Suite 300
Person	Lake Nona, Fl 32827	Person	Lake Nona, Fl 32827
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other CEO	<input checked="" type="checkbox"/> Other President
 <input type="checkbox"/> Manager	Name: Douglas Malton	 <input type="checkbox"/> Manager	Name: Michael Sortino
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	6900 Tavistock Lakes Blvd. Suite 300	<input type="checkbox"/> Authorized	6900 Tavistock Lakes Blvd. Suite 300
Person	Lake Nona, Fl 32827	Person	Lake Nona, Fl 32827
<input checked="" type="checkbox"/> Other Vice President	<input checked="" type="checkbox"/> Other CFO	<input checked="" type="checkbox"/> Other Chief Accounting Officer	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: Leslie Prizant	 <input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	6900 Tavistock Lakes Blvd. Suite 300	<input type="checkbox"/> Authorized	_____
Person	Lake Nona, Fl 32827	Person	_____
<input checked="" type="checkbox"/> Other general counsel	<input checked="" type="checkbox"/> Other Secretary	<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.

*Leslie Prizant*

3A24B4ECCABE4AA

Signature of an authorized person

Leslie Prizant

Typed or printed name of signer

# Delaware

The First State

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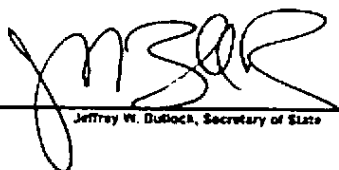
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "INNOVACARE TRANSPORTATION, LLC" IS  
DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD  
STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS  
OFFICE SHOW, AS OF THE TWENTY-FOURTH DAY OF MARCH, A.D. 2022.

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

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Jeffrey W. Bullock, Secretary of State

6686367 8300

SR# 20221139550

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 202996632

Date: 03-24-22