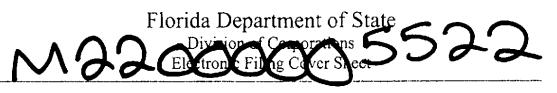
Page: 1 of 4



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)517-6383

From:

Account Name : M. BURR KEIM COMPANY

Account Number : I19990000242 Phone : (215)563-8113 Fax Number : (215)977-9386

\*\*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 Limited Liability Company AIC Neurology LLC

| Certificate of Status | 0        |
|-----------------------|----------|
| Certified Copy        | 0        |
| Page Count            | 04       |
| Estimated Charge      | \$125.00 |

To:

Fax: (850) 617-6383

(((H220001281983)))

## 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:

| ine unavailable, enter alternate n<br>Defaware | tame adopted for the purpose of transacting business in Fi   | orida. Phe ali |                                       |             |
|--|--|----------------|---------------------------------------|-------------|
| urisdiction under the law of w                 | fuch foreign limited liability company is organized)   | 3.             | (FEI number, if applicable)           |             |
|  |  |                |                                       |             |
|  | (Date first transacted business in Florida, if prior to<br>(See sections 605.0904 & 605.0905, F.S. to determ | ninc penalty l | )<br>mability)                        |             |
| 201 North Franklin Street, Suite 1950          |  | 6.             | 201 North Franklin Street, Suite 1950 |             |
| (Street Address of F                           | Principal Office)  |                | (Mailing Address)                     |             |
| ampa, FL 3360.                                 | 2  |                | Tampa, FL 33602                       |             |
|  |  |                |                                       |             |
|  |  |                |                                       |             |
| lame and <u>street addres</u>                  | ss of Florida registered agent: (P.O. Bo   | x <u>NOT</u> a | acceptable)                           | 2022 AP     |
| lame and <u>street addres</u><br>Name:         | ss of Florida registered agent: (P.O. Bot<br>Registered Agents Inc.  | x <u>NOT</u> a | acceptable)                           | 2022 APR -8 |
|  |  | х <u>NOT</u> а | acceptable)                           | .* 1        |

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.



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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]:

| fitle or Capacity: | Name and Address:                  | Title or Capacity: | Name and Address: |
|--------------------|------------------------------------|--------------------|-------------------|
| ■Manager           | Name: Scott Patterson              | □Manager           | Name:             |
| □Member            | Address: 201 North Franklin Street | □Member            | Address:          |
| □Authorized        | Suite 1950                         | □Authorized        |                   |
| Person             | Tampa, FL 33602                    | Person             |                   |
| Other              | _                                  | □Other             | Other             |
| □Manager           | Name:                              | □Manager           | Name:             |
| □Member            | Address:                           | □Member            | Address:          |
| □Authorized        |                                    | □Authorized        |                   |
| Person             |                                    | Person             | -,                |
| Other              | □ Other                            | Other              | □Other            |
| □Manager           | Name:                              | □Manager           | Name:             |
| □Member            | Address:                           | □Member            | Address:          |
| □Authorized        |                                    | □Authorized        |                   |
| Person             |                                    | Person             |                   |
| Other              |                                    | □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.

| scottp@apexmanage<br>mentsolutions.com | Otgrafly signed by scottopapermanapementsolutions com<br>Outer 2022 03 11 13.01 03 405 00" |
|--|--|
|  | Signature of an authorized person  |
| Scott Patterson, Manager               |  |
|  | Typed or printed name of signee  |

(((H220001281983)))

## Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "AIC NEUROLOGY 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 EIGHTH DAY OF APRIL, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AIC NEUROLOGY LLC" WAS FORMED ON THE TENTH DAY OF MARCH, A.D. 2022.

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

6666507 8300 SR# 20221367478

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203130808

Date: 04-08-22