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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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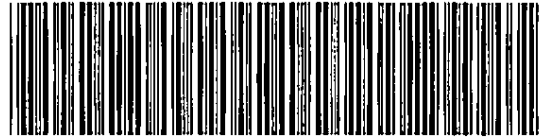
(Business Entity Name)

(Document Number)

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2022 SEP 15 PM 7:18

S. FRANKLIN

SEP 21 2022

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Access Health Partners, 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:

Heather Viars

Name of Person

Bon Secours Mercy Health, Inc.

Firm/Company

1701 Mercy Health Place

Address

Cincinnati, OH 45237

City/State and Zip Code

hmviars@mercy.com

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

For further information concerning this matter, please call:

Heather Viars

859

743-1361

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

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**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. Access Health Partners, 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. Ohio 3. 38-4062195
(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. 1701 Mercy Health Place
(Street Address of Principal Office)

6. 1701 Mercy Health Place
(Mailing Address)

Cincinnati, OH 45237

Cincinnati, OH 45237

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(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.

Sonyia Cordell

(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]:

Title or Capacity: **Name and Address:**
☐ Manager Name: Bon Secours Mercy Health Innov
☒ Member Address: 1701 Mercy Health Place
☐ Authorized Cincinnati, OH 45237
Person
☐ Other ☐ Other

☐ Manager Name: Cheryl Dalton-Norman, President
☐ Member Address: 1701 Mercy Health Place
☒ Authorized Cincinnati, OH 45237
Person
☐ Other ☐ Other

☐ Manager Name:
☐ Member Address:
☐ Authorized
Person
☐ Other ☐ Other

Title or Capacity: **Name and Address:**
☐ Manager Name: Dominique Wells, COO
☐ Member Address: 1701 Mercy Health Place
☒ Authorized Cincinnati, OH 45237
Person
☐ Other ☐ 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.

Dominique Wells

Signature of an authorized person

Dominique Wells, COO

Typed or printed name of signee

UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show ACCESS HEALTH PARTNERS, LLC, an Ohio Limited Liability Company, Registration Number 4131426, was organized in the State of Ohio on February 6, 2018, is currently in FULL FORCE AND EFFECT upon the records of this office.



*Witness my hand and the seal of the
Secretary of State at Columbus, Ohio
this 1st day of September, A.D. 2022.*

Frank LaRose

Ohio Secretary of State

Validation Number: 202224402662

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