

M22000019076

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

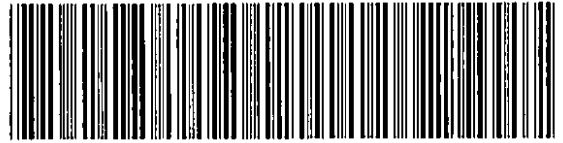
(Business Entity Name)

(Document Number)

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2022 DEC 22 PM 1:43

APPROVED  
AND  
FILED

2022 DEC 22 PM 3:30

DEC 27 2022

K. Brumley

FILE 2ND

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 270327 *James H. Camp* 4358473  
AUTHORIZATION :  
COST LIMIT : \$ 125.0

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ORDER DATE : December 21, 2022  
ORDER TIME : 1:52 PM  
ORDER NO. : 270327-010  
CUSTOMER NO: 4358473  
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FOREIGN FILINGS

NAME: GENESIS ELDERCARE PHYSICIANS  
SERVICES, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY  
\_\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER: \_\_\_\_\_

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 065.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Genesis ElderCare Physician Services, 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. PA (Jurisdiction under the law of which foreign limited liability company is organized)
3. 06-1156428 (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. 101 E. State Street (Street Address of Principal Office)
6. 101 E. State Street (Mailing Address)
Kennett Square PA 19348 Kennett Square PA 19348

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)

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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.

Corporation Service Company
By: Eyleina Bahor Assistant Vice President
(Registered agent's signature)

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: Genesis Holdings, LLC

Member                  Address: 101 E. State Street

Authorized              Kennett Square PA 19348

                Person              \_\_\_\_\_

Other \_\_\_\_\_                       Other \_\_\_\_\_

Manager              Name: Alexander Shaine

Member                  Address: 101 E. State Street

Authorized              Kennett Square PA 19348

                Person              \_\_\_\_\_

Other \_\_\_\_\_                       Other \_\_\_\_\_

Manager              Name: Stephen Young

Member                  Address: 101 E. State Street

Authorized              Kennett Square PA 19348

                Person              \_\_\_\_\_

Other \_\_\_\_\_                       Other \_\_\_\_\_

Title or Capacity:                      Name and Address:

Manager              Name: Michael Berg

Member                  Address: 101 E. State Street

Authorized              Kennett Square PA 19348

                Person              \_\_\_\_\_

Other \_\_\_\_\_                       Other \_\_\_\_\_

Manager              Name: Michael Sherman

Member                  Address: 101 E. State Street

Authorized              Kennett Square PA 19348

                Person              \_\_\_\_\_

Other \_\_\_\_\_                       Other \_\_\_\_\_

Manager              Name: \_\_\_\_\_

Member                  Address: \_\_\_\_\_

Authorized              \_\_\_\_\_

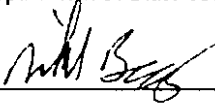
                Person              \_\_\_\_\_

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  
 Michael Berg  
 \_\_\_\_\_  
 Typed or printed name of signee

**Pennsylvania Department of State**  
Bureau of Corporations and Charitable Organizations  
PO Box 8722 | Harrisburg, PA 17105-8722  
T: 717-787-1057  
[dos.pa.gov/BusinessCharities](http://dos.pa.gov/BusinessCharities)

**Regarding:** Genesis ElderCare Physician Services, LLC  
**Request Type:** Subsistence Certificate **Issuance Date:** December 22, 2022  
**Request No.:** 006895023 **File No.:** 0004325874  
**Receipt No.:** 000303141  
**Filing Type:** Domestic Limited Liability Company  
**Filing Subtype:** Limited Liability Company  
**Initial Filing Date:** January 30, 2015  
**Status:** Active

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

I DO HEREBY CERTIFY THAT

Genesis ElderCare Physician Services, LLC

is currently subsisting on the records of the Department of State as of the issuance 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 set my hand and caused the seal of my office to be affixed, the day and year above written

*Leigh M. Chapman*

**Leigh M. Chapman**  
Acting Secretary of the Commonwealth

Verify this certificate online at [www.file.dos.pa.gov](http://www.file.dos.pa.gov)