

M24000009612

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

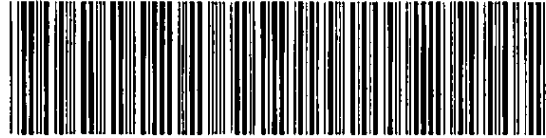
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

W24-107471

Office Use Only



900433748849

APPROVED
AND
FILED

2024 JUL 25 PM 5:24

CLERK OF COURT
CLERK OF COURT
CLERK OF COURT

②

RECEIVED

2024 JUL 25 PM 1:20

CLERK OF COURT
CLERK OF COURT
CLERK OF COURT

JUL 26 2024

K. Brumley



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 26, 2024

CT

CORRECTED
Please Allow For
Same File Date

SUBJECT: CENTERWELL IPA SOLUTIONS, LLC
Ref. Number: W24000107471

We have received your document for CENTERWELL IPA SOLUTIONS, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

KYLE D BRUMBLEY
Regulatory Specialist II Supervisor

Letter Number: 224A00016499

RECEIVED
2024 JUL 26 PM 3:36
TALLAHASSEE, FLORIDA

CT CORP
(850) 656- 4724
3458 lakesore Drive
Tallahassee, FL 32312

Date: 07/25/2024

Acc#120160000072

en: c DW

Name:	CenterWell IPA Solutions, LLC
Document #:	
Order #:	15766610

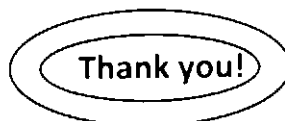
Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
	Plain: <input type="checkbox"/>
	COGS: <input type="checkbox"/>

Email Address for Annual Report Notifications:

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ **155.00**



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. CenterWell IPA Solutions, 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. MICHIGAN
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 84-4307723
(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. 500 WEST MAIN STREET
(Street Address of Principal Office)

6. 500 WEST MAIN STREET
(Mailing Address)

LOUISVILLE, KY 40202

LOUISVILLE, KY 40202

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, Florida 33324
(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.

By: C T Corporation System
(Registered agent's signature)

Stephen Rullis, Vice President

APPROVED
AND
FILED
2024 JUL 25 PM 5:24
NOTARIAL PUBLIC
JALISA B. BROWN

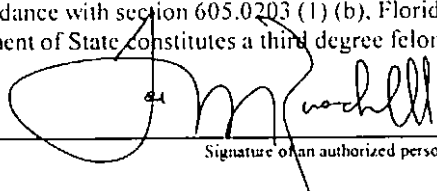
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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: SEE ATTACHED LIST	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<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.



Signature of an authorized person

JOSEPH MATTHEW RUSCHELL

Typed or printed name of signee

Entity Name: CenterWell IPA Solutions, LLC

Name	Title	Address
Buckingham, Renee Jacqueline	Manager	500 West Main Street, Louisville, KY 40202
Diamond, Susan Marie	Manager	500 West Main Street, Louisville, KY 40202
Ruschell, Joseph Matthew	Manager	500 West Main Street, Louisville, KY 40202
Diamond, Susan Marie	Chief Financial Officer	500 West Main Street, Louisville, KY 40202
Adkins, Matt	Vice President, Integration & Transformation	500 West Main Street, Louisville, KY 40202
Buckingham, Renee Jacqueline	President	500 West Main Street, Louisville, KY 40202
Edwards, Douglas Allen	Senior Vice President, Enterprise Associate & Business Solutions	500 West Main Street, Louisville, KY 40202
Feld, Daniel Kevin	Director, Tax	500 West Main Street, Louisville, KY 40202
Gallifant, Caleb	Vice President, Centerwell	500 West Main Street, Louisville, KY 40202
Garg, M.D., Vivek	Senior Vice President, Chief Medical Officer, Care Delivery	500 West Main Street, Louisville, KY 40202
Greenfield-LaTour, Cheri	Senior Vice President, Division President, Care Delivery	500 West Main Street, Louisville, KY 40202
Lindsay-Jones, Richard	Vice President, Chief Financial Officer, Primary Care Organization	500 West Main Street, Louisville, KY 40202
Marcoux, Jr., Robert Martin	Vice President and Treasurer	500 West Main Street, Louisville, KY 40202
Meriwether, Kevin	Senior Vice President, Division President, Care Delivery	500 West Main Street, Louisville, KY 40202
Morrell, Joshua	Vice President, Population Health Analytics and Utilization Management Services	500 West Main Street, Louisville, KY 40202
Pabo, Erika	Vice President, Primary Care Transformation	500 West Main Street, Louisville, KY 40202
Ruschell, Joseph Matthew	Vice President, Associate General Counsel and Corporate Secretary	500 West Main Street, Louisville, KY 40202

UNITED STATES OF AMERICA



Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

CENTERWELL IPA SOLUTIONS, LLC

*was validly authorized on February 6 , 2018, as a Michigan
DOMESTIC LIMITED LIABILITY COMPANY
and said limited liability company is validly in existence under the laws of this state and has satisfied its
annual filing obligations.*

*This certificate is issued pursuant to the provisions of 1993 PA 23 to attest to the fact that the company is
in good standing in Michigan as of this date.*

*This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit
given it in every court and office within the United States.*



*In testimony whereof, I have hereunto set my hand,
in the City of Lansing, this 25th day of July , 2024.*

Linda Clegg

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau

Sent by electronic transmission

Certificate Number: 24070525803