M24000099998

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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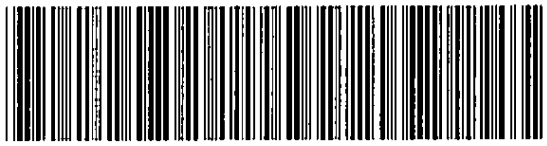

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COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Princeton Brain & Spine Care, 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:

Lyndsey Gill
Name of Person

Firm/Company

25 Plum Ridge Drive
Address

New Egypt, NJ 08533
City/State and Zip Code

l.gill@princetonmmi.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lyndsey Gill at (908) 839-7849
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

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. Princeton Brain & Spine Care, 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. New Jersey
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 20-2316651
(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. 731 Alexander Road
Suite 200
Princeton, NJ 08540
(Street Address of Principal Office)

6. 731 Alexander Road
Suite 200
Princeton, NJ 08540
(Mailing Address)

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

Name: Brenda Livingston

Office Address: 195 Sandlewood Trail

Winter Park, FL (City), Florida 32789 (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.

Brenda Livingston
(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:	Title or Capacity:	Name and Address:
☐Manager	Name: Nirav Shah	☐Manager	Name: Matthew Tormenti
☒Member	Address: 125 Parsons Lane	☒Member	Address: 498 Stoneybrook Road
☐Authorized	Newtown, PA 18940	☐Authorized	Newtown, PA 18940
Person		Person	
☐Other	☐Other	☐Other	☐Other
☐Manager	Name: Mark McLaughlin	☐Manager	Name: Richard Meagher
☒Member	Address: 4547 Provinceline Road	☒Member	Address: 812 Asbury Court
☐Authorized	Princeton, NJ 08540	☐Authorized	Moorestown, NJ 08057
Person		Person	
☐Other	☐Other	☐Other	☐Other
☐Manager	Name: Seth Joseffer	☐Manager	Name: James Barrese
☒Member	Address: 10 Boudinot Street	☒Member	Address: 2 Cortland Shire Drive
☐Authorized	Princeton, NJ 08540	☐Authorized	Moorestown, NJ 08057
Person		Person	
☐Other	☐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.

Signature of an authorized person

Nirav Shah

Typed or printed name of signee

STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING

PRINCETON BRAIN & SPINE CARE, LLC
0600235323

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on April 29, 2005.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

LYNDSEY GILL
25 PLUM RIDGE DRIVE
NEW EGYPT, NJ 08533

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 23rd day of July, 2024

Elizabeth Maher Muoio
State Treasurer

Certificate Number : 6155530659

Verify this certificate online at

Title or Capacity:	Name and Address:
☐ Manager	Name: Dhimant Balar
☒ Member	Address: 8 Brian Court
☐ Authorized Person	Farmingdale NJ 07727
☐ Other_____	☐ Other_____