M24000012164

(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.

Office Use Only

500436098615

09/12/24--01009--033 **130.00

RECEIVED

SEP 11 2024

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
24 SEP 11 AM 9:47

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: CENTRO DE ATENCIÓN E INVESTIGACION MEDICA - CAIMED 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:

HUMBERTO REYNALES
Name of Person

CENTRO DE ATENCIÓN E INVESTIGACION MEDICA - CAIMED LLC
Firm/Company

J6 Ave San Patricio, Apt 6E,
Address

Guaynabo, PR, 00968
City/State and Zip Code

humberto.reynales@caimed.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HUMBERTO REYNALES at (787) 6136799
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. CENTRO DE ATENCION E INVESTIGACION MEDICA - CAIMED 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. PUERTO RICO
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 66-1018197
(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. 405 Waymont Ct, Lake Mary, FL 32746
(Street Address of Principal Office)

6. 405 Waymont Ct, Lake Mary, FL 32746
(Mailing Address)

FILED
24 SEP 11 AM 9:47
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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

Name: David Felipe Forero

Office Address: 886 Lazio Circle

Debary (City), Florida 32713 (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.

(Registered agent's signature)

CERTIFICADO DE CUMPLIMIENTO ("GOOD STANDING")

Yo, **Omar J. Marrero Díaz, Secretario de Estado** del Gobierno de Puerto Rico,

CERTIFICO: Que, a tenor con la Ley General de Corporaciones de Puerto Rico, **CENTRO DE ATENCIÓN E INVESTIGACIÓN MÉDICA - CAIMED LLC**, registro número **492524**, una Compañía de Responsabilidad Limitada **doméstica con fines de lucro** organizada bajo las leyes de Puerto Rico el **19 de agosto de 2022**, ha cumplido con el pago de los Derechos Anuales.

EN TESTIMONIO DE LO CUAL, firmo el presente y hago estampar en él el Gran Sello del Gobierno de Puerto Rico, en la ciudad de San Juan, Puerto Rico, hoy, **5 de septiembre de 2024.**

Omar J. Marrero Díaz
Secretario de Estado

Para validar este certificado acceda a: https://estado.pr.gov/

Este certificado es válido por un (1) año a partir de la fecha de su expedición (Reglamento 8688, Art. 26). Sin embargo, está sujeto al fiel cumplimiento de las disposiciones del Capítulo XV y Capítulo XXI de la Ley 164-2009, según aplique.

Número de Validación del Certificado: **711841-30112120**