

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614)280-3338  
Fax Number : (614)573-3996

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: paula.biles@scionhealth.com

**Foreign Limited Liability Company  
Knight Health LLC**

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
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FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

2024 NOV 20 PM 1:55

# 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. Knight Health 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. Delaware 87-1664334  
(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. 680 S 4th St 680 S 4th St  
(Street Address of Principal Office) (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 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 Stephen Rullis  
(Registered agent's signature) VP & Asst. Secy.

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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]:

| <u>Title or Capacity:</u>                   |          | <u>Name and Address:</u>       |  | <u>Title or Capacity:</u>                   |          | <u>Name and Address:</u>       |  |
|---|----------|--------------------------------|--|---|----------|--------------------------------|--|
| <input checked="" type="checkbox"/> Manager | Name:    | Michael J. Bean                |  | <input checked="" type="checkbox"/> Manager | Name:    | Scott Graesser                 |  |
| <input type="checkbox"/> Member             | Address: | 680 S 4th St                   |  | <input type="checkbox"/> Member             | Address: | 680 S 4th St                   |  |
| <input type="checkbox"/> Authorized         |          | Louisville, KY 40202           |  | <input type="checkbox"/> Authorized         |          | Louisville, KY 40202           |  |
|   | Person   |                                |  |   | Person   |                                |  |
| <input type="checkbox"/> Other              |          | <input type="checkbox"/> Other |  | <input type="checkbox"/> Other              |          | <input type="checkbox"/> Other |  |
|   |          |                                |  |   |          |                                |  |
| <input checked="" type="checkbox"/> Manager | Name:    | Kathy Teague                   |  | <input type="checkbox"/> Manager            | Name:    |                                |  |
| <input type="checkbox"/> Member             | Address: | 680 S 4th St                   |  | <input type="checkbox"/> Member             | Address: |                                |  |
| <input type="checkbox"/> Authorized         |          | Louisville, KY 40202           |  | <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.

DocuSigned by:  
  
6B07D11F401C4AE Signature of an authorized person  
Kathy Teague  
Typed or printed name of signer

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "KNIGHT HEALTH LLC" IS DULY FORMED  
UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND  
HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS  
OF THE FOURTEENTH DAY OF NOVEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN  
PAID TO DATE.



6074359 8300

SR# 20244211326

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 204873276

Date: 11-14-24