

F16000004472

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

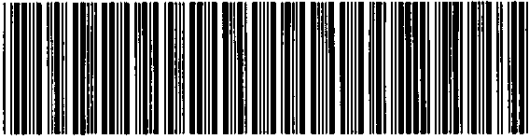
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2016 OCT -5 AM 11:10  
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AT LAMAR, SC

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DEPARTMENT OF REVENUE  
16 OCT -5 PM 4:13

K. SALY  
OCT - 6 2016

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

ACCOUNT NO. : I20000000195  
REFERENCE : 318633 7143909  
AUTHORIZATION : *[Handwritten Signature]*  
COST LIMIT : \$ 720.00

ORDER DATE : October 4, 2016  
ORDER TIME : 2:47 PM  
ORDER NO. : 318633-005  
CUSTOMER NO: 7143909

FOREIGN FILINGS

NAME: ATLANTIC HEALTH PARTNERS,  
INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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

CONTACT PERSON: Melissa Zender -- EXT# 62956

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

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. Atlantic Health Partners, Inc.  
\_\_\_\_\_  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

\_\_\_\_\_  
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware \_\_\_\_\_ 3. 47-4957232  
\_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. August 31, 2015 \_\_\_\_\_ 5. \_\_\_\_\_  
\_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)

6. September 16, 2015 \_\_\_\_\_  
\_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 20283 State Road 7, Suite 400 Boca Raton, Florida 33498  
\_\_\_\_\_  
(Principal office address)

\_\_\_\_\_  
(Current mailing address, if different)

8. 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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TALLAHASSEE FLORIDA  
DEPARTMENT OF STATE

9. Registered agent's acceptance:

*Having been named as registered agent and to accept service of process for the above stated corporation 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: \_\_\_\_\_  
(Registered agent's signature)

Melissa Zender  
Asst. Vice President

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

11. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: John K. Stipancich  
Address: 6901 Professional Parkway East Suite 200 Sarasota FL 34240

Vice Chairman: \_\_\_\_\_  
Address: \_\_\_\_\_

Director: Paul J. Soni  
Address: 6901 Professional Parkway East Suite 200 Sarasota FL 34240

Director: John Humphrey  
Address: 6901 Professional Parkway East Suite 200 Sarasota FL 34240

**B. OFFICERS**

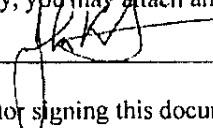
President: Paul J. Soni  
Address: 6901 Professional Parkway East Suite 200 Sarasota FL 34240

Vice President: Jack Buhsmer  
Address: 6901 Professional Parkway East Suite 200 Sarasota FL 34240

Secretary: John K. Stipancich  
Address: 6901 Professional Parkway East Suite 200 Sarasota FL 34240

Treasurer: \_\_\_\_\_  
Address: \_\_\_\_\_

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12.   
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

13. Vice President

(Typed or printed name and capacity of person signing application)

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ATLANTIC HEALTH PARTNERS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTH DAY OF OCTOBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ATLANTIC HEALTH PARTNERS, INC." WAS INCORPORATED ON THE THIRTY-FIRST DAY OF AUGUST, A.D. 2015.

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

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SECRETARY OF STATE  
JEFFREY W. BULLOCK  
DELAWARE

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Jeffrey W. Bullock, Secretary of State

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SR# 20166064868

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 203106729

Date: 10-04-16