State of Florida

Department of State

APOSTILLE

(Convention de La Haye du 5 octobre 1961)

1. Country: United States of America

This public document

2. has been signed by Jesus Gonzalez

3. acting in the capacity of Notary Public of Florida

4. bears the seal/stamp of Notary Public, State of Florida

Certified

5. at Tallahassee, Florida

6. the Twenty-Second day of February, A.D., 2018

7. by Secretary of State, State of Florida

8. No. 2018-21534

9. Seal/Stamp:

GREAT SEAL OF THE STATE OF FLORIDA
IN GOD WE TRUST

10. Signature:

Ken Detzner

Secretary of State

DSDE 99 (2/12)

STATE OF FLORIDA

COUNTY OF MIAMI DADE

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS 14 DAY OF FEB. 2018 BY ALEXANDRA MEADE

PERSONALLY KNOWN _____ OR PRODUCED IDENTIFICATION ✓ TYPE OF IDENTIFICATION AUSTRALIA PASSPORT

NOTARY _____

NOTARY PUBLIC STATE OF FLORIDA

JESUS GONZALEZ
MY COMMISSION # GG 086594
EXPIRES: May 20, 2021
Bonded Thru Budget Notary Services

JESUS GONZALEZ NOTARY PUBLIC STATE OF FLORIDA

Ontario Ministry of Government Services / Ministère des Services gouvernementaux

Declaration Form 3
under the *Limited Partnerships Act*

Déclaration Formule 3
aux termes de la *Loi sur les sociétés en commandite*

Print clearly in CAPITAL LETTERS / Écrivez clairement en LETTRES MAJUSCULES

1. **Declaration Type / Type de déclaration**
   A. [x] New / Nouvelle
   B. [ ] Name Change / Modification de la raison sociale
   C. [ ] Change (other than name change) / Changement (autre que modification de la raison sociale)
   D. [ ] Renewal Without Name Change / Renouvellement sans modification de la raison sociale
   E. [ ] Renewal With Name Change / Renouvellement avec modification de la raison sociale
   F. [ ] Dissolution / Dissolution
   G. [ ] Withdrawal / Retrait

   Enter the Business Identification Number (BIN) for all Declaration Types except Type A. / Entrez le nº d'identification de l'entreprise (NIE) pour tous les types de déclaration, sauf pour le type A.

   BIN (Business Identification No.) / NIE Nº d'identification de l'entreprise:

2. **Firm Name / Raison sociale de la société en commandite**

   MEDICAL FACILITIES LGH LP

3. **Mailing Address of Registrant / Adresse postale de registrant**

Street No. / Nº de rue	Street Name / Nom de la rue	Suite No. / Bureau nº
45B	WEST WILMOT ST.	201

City / Town / Ville	Province / Province	Country / Pays	Postal Code / Code postal
RICHMOND HILL	ONTARIO	CANADA	L4B 2P3

4. **Address of Principal Place of Business in Ontario / Adresse de l'établissement principal en Ontario**

   [x] Same as above / comme ci-dessus
   [ ] Extra-Provincial Limited Partnership without business address in Ontario / Société en commandite extraprovinciale sans établissement en Ontario

Street No. / Nº de rue	Street Name / Nom de la rue	Suite No. / Bureau nº (P.O. Box not acceptable / Case postale non acceptés)
45B	WEST WILMOT ST.	201

City / Town / Ville	Province / Province	Country / Pays	Postal Code / Code postal
RICHMOND HILL	ONTARIO	CANADA	L4B 2P3

5. **General Nature of Business / Nature générale de l'activité exercée**

   Medical Services Support

6. **Information Regarding General Partner(s) / Renseignements sur le ou les commandités**

   (A) Individual / Personne physique - Last Name / Nom de famille: Charry Parra
   First Name / Prénom: Isabel
   Middle Name / Autre prénom: Beatriz

   (B) Corporation, Partnership etc. / Personne morale, société en nom collectif etc. - Name / Raison sociale:
   Ontario Corporation Number / Nº matricule de la personne morale en Ontario:

   Address / Adresse — Street No. / Nº de rue: 4600 — Street Name / Nom de la rue: Av. Amazonas y Jose Pereira — Suite No. / Bureau nº:

   City / Town / Ville: Quito — Province / Province: — Country / Pays: Ecuador — Postal Code / Code postal:

   Signature of General Partner or Attorney for the General Partner / Signature du commandité ou de son procureur:
   X

   Print Name of Signatory / Nom du signataire en lettres moulées: Flora Larm

   Check if signing as **attorney** on behalf of the general partner pursuant to s. 32 of the *Limited Partnerships Act*.
   Cochez la case ci contre si le signataire est le **procureur** du commandité (art. 32 de la Loi) [x]

   For a new Declaration, name change or renewal, Item 6 must be completed and signed by all the general partners or their attorneys. If there is more than one general partner, set out the total number of partners in the box and attach additional schedule(s) / Pour une nouvelle Déclaration, une modification de la raison sociale ou un renouvellement, il faut remplir la section 6 pour chaque commandité, et chaque commandité ou son procureur doit signer la section 6. S'il y a plus d'un commandité, entrez le nombre total de commandités dans la case ci contre et remplissez et joignez une ou des annexes.

   Number of General Partners / Nombre de commandités: 1

7. **Jurisdiction of Formation / Territoire d'origine**

   Ontario

Extra-Provincial Limited Partnership Carrying on Business in Ontario / Société en commandite extraprovinciale menant des activités en Ontario

8. **Information Regarding Attorney/Representative for an Extra-Provincial Limited Partnership - (Does not apply to limited partnerships formed in another Canadian jurisdiction that have an office or other place of business in Ontario) / Renseignements sur le procureur / représentant de la société en commandite extraprovinciale - (Ne s'applique pas aux sociétés en commandite d'un autre territoire canadien qui ont un établissement en Ontario)**

   Power of Attorney - Check the box to confirm there is an executed Power of Attorney (Form 4) appointing the person/corporation listed below to be the attorney and representative in Ontario. The attorney/representative is required to keep the executed Form 4 available for inspection at the address set out below. / Procuration – Cochez la case ci-contre pour confirmer qu'il y a une Procuration signée (Formule 4) nommant la personne physique ou morale indiquée ci dessous à titre de procureur et représentant en Ontario. Celui ci doit tenir la Formule 4 signée à disposition aux fins d'inspection à l'adresse ci dessous. [ ]

   Attorney / Representative – Procureur / représentant
   (A) Individual / Personne physique - Last Name / Nom de famille:
   First Name / Prénom:
   Middle Name / Autre prénom:

   (B) Corporation, Partnership etc. / Personne morale, société en nom collectif etc. - Name / Raison sociale:
   Ontario Corporation Number / Nº matricule de la personne morale en Ontario:

   Address / Adresse — Street No. / Nº de rue — Street Name / Nom de la rue — Suite No. / Bureau nº:

   City / Town / Ville — Province / Province

   Country / Pays — Postal Code / Code postal

   MINISTRY USE ONLY - RÉSERVÉ AU MINISTÈRE

   BIN/EIN: 280186990
   NAME/
   NOM.....: MEDICAL FA
   REG/ENR: 2018-02-15
   EXP/EXP: 2023-02-14

JESUS GONZALEZ
NOTARY PUBLIC STATE OF FLORIDA
MY COMMISSION # GG 086594
EXPIRES: May 20, 2021
Bonded Thru Budget Notary Services

CERTIFICATE OF INCUMBENCY
OF
MEDICAL FACILITIES LGH LP.

We, VGV (CANADA) LP., in our capacity as Registered Agent of **MEDICAL FACILITIES LGH LP** (the "Partnership"), a Limited Partnership existing under the Laws of the Canada, do hereby certify the following:

1. The name of the Partnership is **MEDICAL FACILITIES LGH LP.**
2. The Partnership was incorporated on February 15th, 2018.
3. The Partnership exists under the Laws of Canada as Company number 280186990.
4. The Registered Agent of the Company is **VGV (CANADA) LP.,** 45B West Wilmot Street, Suite 22, Richmond Hill, Ontario, L4B 2P3, Canada.
5. The Registered Office of the Partnership is **45B West Wilmot Street, Suite 22, Richmond Hill, Ontario L4B 2P3, Canada.**
6. The Partnership issued 10.000 shares with a par value of $1.00 Canadian Dollars each of ordinary class.
7. In so far as is evidenced by the documents filed at the Registered Office, the Partnership in existence and in good standing.
8. According to the documents filed on the Partnerships file as at February 15th, 2018, there are no actions, pending or threatened, against the Company and no action has been taken to wind-up the Company or to appoint a receiver or manager.
9. According to the Partnership records, the Partnership has not created any charges over its assets.
10. According to the Partnership records, the Limited Partner of the Partnership is:

Limited Partner:	**Percentage of Participation:**
LGH HOSPITALS GRUP S.A.	50%

11. According to the Partnership records, the General Partner of the Partnership is:

General Partner:	**Percentage of Participation:**
LGH HOSPITALS GRUP S.A.	50%

Richmond Hill , Canada on February 15th, 2018,

For and on behalf of
VGV (CANADA) LP
Registered Agent
Alexandra Meade
Director

NOTARY PUBLIC STATE OF FLORIDA
JESUS GONZALEZ
MY COMMISSION # GG 086594
EXPIRES: May 20, 2021
Bonded Thru Budget Notary Services

VGV | CORPORATE SERVICES

TRADUCCIÓN

CERTIFICADO DE INCUMBENCIA
DE
MEDICAL FACILITIES LGH LP

Nosotros VGV (CANADA) LP, en nuestra calidad de Agente Registrado de la compañía **MEDICAL FACILITIES LGH** una Sociedad de Responsabilidad Limitada canadiense (la " sociedad"), certifico lo siguiente:

1. Que el nombre de la Sociedad es **MEDICAL FACILITIES LGH LP.**
2. Que la Sociedad fue incorporada el 15 de Febrero de 2018.
3. La Sociedad existe bajo las provisiones de la Ley de Sociedades, Ontario, Canada, como la sociedad numerada **280186990**.
4. El Agente Registrado de la Sociedad es **VGV (CANADA) LP,** 45B West Wilmot Street, Suite 22, Richmond Hill, Ontario L4B 2P3, Canada.
5. El Domicilio Social Registrado para la Sociedad 45B West Wilmot Street, Suite 22, Richmond Hill, Ontario L4B 2P3, Canada.
6. La Sociedad emitió 10.000 acciones ordinarias de Can$1.00 cada una.
7. Que hasta este momento se ha evidenciado por los documentos registrados en la Oficina de Registro, que la sociedad se encuentra vigente y en buen cumplimiento.
8. Que hasta el momento se ha evidenciado, de la información disponible hasta el 15 de Febrero de 2018, que la Sociedad no tiene deudas con el Estado, ni con las autoridades federales de impuestos.
9. De acuerdo con los registros de la Sociedad no se han creado cargos sobre ningún bien.
10. De acuerdo con los registros disponibles en la Oficina de Registros, el Socio solidario de la Sociedad es:

Socio Solidario:	Fecha de designación:	Porcentaje de interés:
LGH HOSPITALS GRUP S.A.	Febrero 15 de 2018	50%

11. De acuerdo con los registros disponible en la Oficina de Registros, el Socio Limitado de de la Sociedad es:

Socio limitado:	Fecha de designación:	Porcentaje de interés:
LGH HOSPITALS GRUP S.A	Febrero 15 de 2018	50%

Richmond Hill, Canadá, Febrero 15, 2018

Alexandra Meade
En nombre y en representación de
VGV (CANADA) LP
Agente Registrado
Alexandra Meade
Director

NOTARY PUBLIC STATE OF FLORIDA
JESUS GONZALEZ
MY COMMISSION # GG 086594
EXPIRES: May 20, 2021
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45B West Wilmot Street, Suite 22
Richmond Hill, Ontario,
L4B 2P3
Canada