

M18 000007730

(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



800317279388

RECEIVED  
18 AUG 22 AM 10:50  
TALLAHASSEE, FLORIDA  
DIVISION OF CORPORATIONS  
JULY 11, 2018

2018 AUG 22 AM 9:53

T. CLINE  
AUG 23 2018  
EXAMINER



115 N CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
866.625.0838  
COGENCYGLOBAL.COM

Date: 8/22/2018

Account#: I20000000088

Name: Jennifer Bialowas

Reference #: B106137

Entity Name: APP OF FLORIDA HM, LLC

- Articles of Incorporation/Authorization to Transact Business
- Amendment
- Change of Agent
- Reinstatement
- Conversion
- Merger
- Dissolution/Withdrawal
- Fictitious Name
- Other Certified copy of filing evidence and certificate of status upon filing

2018 AUG 22 12:09:55

Authorized Amount: 160.00  
Signature: Jennifer Bialowas

● CORPORATE HQ  
COGENCY GLOBAL INC  
18 E 40<sup>TH</sup> ST, 10<sup>TH</sup> FL  
NY, NY 10016  
800.221.0102  
+1.212.947.7200

● EUROPEAN HQ  
COGENCY GLOBAL (UK) LIMITED  
REG. STERED IN ENGLAND & WALES  
REG. STRY 0921072  
6 BEVIS MARKS, 1<sup>ST</sup> FL  
LONDON EC3A 7SA  
+44 (0)20.3786.1090

● ASIA PACIFIC HQ  
COGENCY GLOBAL (HK) LIMITED  
A HONG KONG LIMITED COMPANY  
INFINITUS PLAZA, 12<sup>TH</sup> FL  
199 DES VOEUX RD CENTRAL  
HONG KONG  
+852.3975.1803



115 N CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
866.625.0838  
COGENCYGLOBAL.COM

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: APP of Florida FM, 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:

Brittany Roberts  
Name of Person  
American Physician Partners  
Firm/Company  
5121 Maryland Way, Suite 300  
Address  
Brentwood, TN 37027  
City/State and Zip Code  
broberts@americanphysician.partners  
E-mail address: (to be used for future annual report notification)

2004 AUG 22 AM 9:53

For further information concerning this matter, please call:

Alison Shores at (901) 543-5978  
Name of Contact Person Area Code Daytime Telephone Number

**MAILING ADDRESS:**  
Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**  
Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- \$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. APP of Florida HM, 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. Tennessee 3. \_\_\_\_\_  
(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. 5121 Maryland Way, Suite 300 6. 5121 Maryland Way, Suite 300  
(Street Address of Principal Office) (Mailing Address)  
Brentwood, Tennessee 37027 Brentwood, Tennessee 37027

2020 Aug 22 AM 9:53

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

Name: Cogency Global Inc.

Office Address: 115 North Calhoun Street, Suite 4  
Tallahassee, Florida 32301  
(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.*

  
(Registered agent's signature)

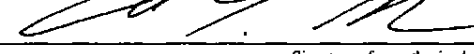
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>Managing Member</u>	<u>American Physician Holdings, LLC</u> <u>5121 Maryland Way, Suite 300</u> <u>Brentwood, TN 37027</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(Use attachments if necessary)

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

Andy McQueen  
Typed or printed name of signee



**Tre Hargett**  
Secretary of State

**Division of Business Services**

**Department of State**

State of Tennessee

312 Rosa L. Parks AVE, 6th FL  
Nashville, TN 37243-1102

**CAPITAL FILING SERVICE INC**

August 21, 2018

SUITE B

992 DAVIDSON DRIVE

NASHVILLE, TN 37205

**Request Type: No Fee Certificate of Existence/Authorization**

Issuance Date: 08/21/2018

Request #: 0286807

Copies Requested: 1

**Document Receipt**

Receipt # :

Filing Fee:

**Regarding: APP of Florida HM, LLC**

Filing Type: Limited Liability Company - Domestic

Control # : 980958

Formation/Qualification Date: 08/21/2018

Date Formed: 08/21/2018

Status: Active

Formation Locale: TENNESSEE

Duration Term: Perpetual

Inactive Date:

Business County: WILLIAMSON COUNTY

**CERTIFICATE OF EXISTENCE**

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

**APP of Florida HM, LLC**

\* is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;

\* has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;

\* has appointed a registered agent and registered office in this State;

\* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett  
Secretary of State

Processed By: Carol Dickerson

Verification #: 029191329