M09000001170

(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

200146728672

03/24/09--01015--017 **125.00

FILED
09 MAR 24 AM 11:47
SECRETARY OF STATE
TALLAHASSEE FLORIDA

N. Gilligan MAR 25 2009

Hospital Physician Partners
PARTNERING FOR RESULTS

Carraway Emergency Physicians, LLC
A Member of the
Hospital Physician Partners Family

March 23, 2009

VIA UPS

Florida Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: Carraway Emergency Physicians, LLC
Application for Qualification in Florida

Dear Sir or Madam:

Enclosed are the following:

1. Cover Letter
2. Certificate of Designation of Registered Agent
3. Application by Foreign Limited Liability Company for Authorization to transact business in Florida
4. State of Alabama Certificate of Existence of Carraway Emergency Physicians, LLC.
5. Our check in the sum of $125.00 representing the filing fees for same.

Kindly process the application and forward a date stamped acknowledgment copy to the undersigned.

Your cooperation and consideration in this matter is very much appreciated.

Sincerely,

Leslie Carzoli
Paralegal

Encl. as stated

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CARRAWAY EMERGENCY PHYSICIANS, 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:

LESLIE CARZOLI
(Name of Person)

CARRAWAY EMERGENCY PHYSICIANS, LLC
(Firm/Company)

6400 ATLANTIC BOULEVARD - LEGAL DEPT.
(Address)

JACKSONVILLE, FLORIDA 32211
(City/State and Zip Code)

For further information concerning this matter, please call:

LESLIE CARZOLI at (904) 805-1271
(Name of Person) (Area Code & Daytime Telephone Number)

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

STREET ADDRESS:
Division of Corporations
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 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. CARRAWAY EMERGENCY PHYSICIANS, 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 and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")

2. ALABAMA
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 20-299132
(FEI number, if applicable)

4. 06-15-2005
(Date of Organization)

5. PERPETUAL
(Duration: Year limited liability company will cease to exist or "perpetual")

6. 3/1/2009
(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

FILED
09 MAR 24 AM 11:47
SECRETARY OF STATE
TALLAHASSEE FLORIDA

7. 3107 STIRLING ROAD, SUITE 300, FT. LAUDERDALE, FL 33312

MAILING: 6400 ATLANTIC BOULEVARD, LEGAL DEPT., JACKSONVILLE, FL 32211
(Street Address of Principal Office)

8. If limited liability company is a manager-managed company, check here ☒

9. The name and usual business addresses of the managing members or managers are as follows:

EDCARE MANAGEMENT, INC., 3107 STIRLING ROAD, SUITE 300, FT. LAUDERDALE, FL 33312

10. Attached is an original 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. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: CONTRACT MANAGEMENT AND ADMINISTRATION

Susan Greco
Signature of a member or an authorized representative of a member.
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

EDCARE MANAGEMENT, INC., Member, BY: SUSAN GRECO, its Secretary
Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

CARRAWAY EMERGENCY PHYSICIANS, LLC

If name unavailable, the alternate name to be used in the state of Florida is:

2. The name and the Florida street address of the registered agent and office are:

C T Corporation System
(Name)

1200 South Pine Island Road
Florida Street Address (P.O. Box NOT ACCEPTABLE)

Plantation FL 33324
City/State/Zip

FILED
09 MAR 24 AM 8:47
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

C T Corporation System

By: Barbara A Burke
(Signature)

Barbara A. Burke
Special Assistant Secretary

$ 100.00 Filing Fee for Application
$ 25.00 Designation of Registered Agent
$ 30.00 Certified Copy (optional)
$ 5.00 Certificate of Status (optional)

Beth Chapman
Secretary of State

P.O. Box 5616
Montgomery, AL 36103-5616

STATE OF ALABAMA

I, Beth Chapman, Secretary of State of the State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the domestic corporate records on file in this office disclose that Carraway Emergency Physicians LLC organized in the office of the Judge of Probate of Jefferson County on June 15, 2005. I further certify that the records do not disclose that said Carraway Emergency Physicians LLC has been dissolved.

In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the City of Montgomery, on this day.

March 11, 2009

Date

Beth Chapman

Beth Chapman **Secretary of State**