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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
SEP 11 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Hill Country Toxicology, Ltd.

Name of Foreign Limited Partnership or Limited Liability Limited Partnership

The enclosed application, certificate of status and fees are submitted to register a foreign limited partnership or limited liability limited partnership to transact business in Florida.

Please return all correspondence concerning this matter to:

Autumn Piccolo

Contact Person

Florida Healthcare Law Firm

Firm/Company

909 SE 5th Avenue Suite 200

Address

Delray Beach, FL 33483

City, State and Zip Code

apiccolo@floridahealthcarelawfirm.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Autumn Piccolo at (**561**) **455-7700**

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

<input checked="" type="checkbox"/> \$1,000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee)	<input type="checkbox"/> \$1,008.75 Filing Fees and Certificate of Status	<input type="checkbox"/> \$1,052.50 Filing Fees and Certified Copy	<input type="checkbox"/> \$1,061.25 Filing Fee, Certified Copy, and Certificate of Status
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STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR
LIMITED LIABILITY LIMITED PARTNERSHIP
TO TRANSACT BUSINESS IN FLORIDA

FILED
13 SEP -9 AM 11:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Hill Country Toxicology, Ltd.

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)

Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.

Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

If name unavailable, name under which the limited partnership or limited liability limited partnership proposes to register to transact business in Florida; must contain acceptable suffix.

2. Texas

State or Country of Formation

3. 9-30-2009

Date of Formation

4. Federal Employer Identification Number: 320293537

5. Name of Registered Agent for Service of Process and Florida Street Address:

Jeffrey L. Cohen, Esq

909 SE 5th Avenue Suite 200

Delray Beach, FL 33483

6. 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.

[Signature]
Signature of Registered Agent

7. Principal Office:

4115 Medical Drive

Suite 110

San Antonio, TX 78229

8. Mailing Address:

4115 Medical Drive

Suite 110

San Antonio, TX 78229

9. If limited partnership is a limited liability limited partnership, check box .

10. Name, principal office address, and mailing address of each general partner:

Name of General Partner: W. Wade White, M.D.

Street Address: 4115 Medical Drive, Suite 110

San Antonio, TX 78229

Mailing Address: 25320 Battle Lake

San Antonio, TX 78260

Name of General Partner: Roy Fellows

Street Address: 4115 Medical Drive Suite 110

San Antonio, TX 78229

Mailing Address: 500 Kendall Pkwy

Boerne, TX 78051

Name of General Partner: Bradley West

Street Address: 4115 Medical Drive Suite 110

San Antonio, TX 78229

Mailing Address: 24245 Wilderness Oak #105 (five)

San Antonio, TX 78258

Name of General Partner: Terry Riely

Street Address: 4115 Medical Drive Suite 110

San Antonio, TX 78229

Mailing Address: 12523 Georgian Oaks

San Antonio, TX 78230

Name of General Partner: _____ Name of General Partner: _____

Street Address: _____ Street Address: _____

Mailing Address: _____ Mailing Address: _____

11. Effective date, if other than the date of filing: _____

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

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

Signed this 4th day of September, 2013.



Signature of a general partner

The individual signing this document affirm that the facts stated herein are true and the individual 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.

Filing Fees:	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697



John Steen
Secretary of State

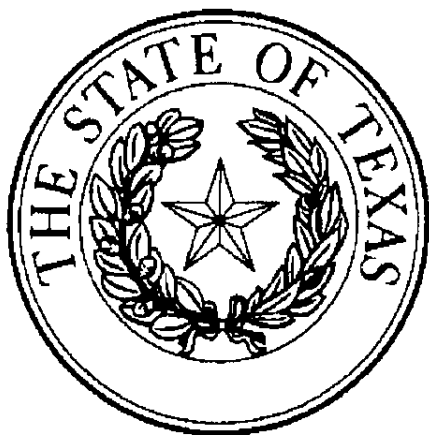
Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Hill Country Toxicology, Ltd. (file number 801176929), a Domestic Limited Partnership (LP), was filed in this office on September 30, 2009.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on August 23, 2013.



A handwritten signature in black ink, appearing to read "John Steen".

John Steen
Secretary of State