

B1400000000-40

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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

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B. BOSTICK

MAR - 6 2014

EXAMINER

**FLORIDA FILING & SEARCH SERVICES, INC.**

**P.O. BOX 10662 TALLAHASSEE, FL 32302**

**155 Office Plaza Dr Ste A Tallahassee FL 32301**

**PHONE: (800) 435-9371; FAX: (866) 860-8395**

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**DATE:** 3/5/14

**NAME:** CARDIAC CATH LAB OF FORT MYERS, LP

**TYPE OF FILING:** APPLICATION

**COST:** 1,052.50

**RETURN:** CERTIFIED COPY PLEASE

~~XXXXXXXXXXXXXXXXXXXX~~

**AUTHORIZATION:** ABBIE/PAUL HODGE

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\* File Second \*

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Cardiac Cath Lab of Fort Myers, LP  
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:

Capitol Services - Corporate Filings Team  
Contact Person

Capitol Services, Inc.  
Firm/Company

800 Brazos, Suite 400  
Address

Austin, TX 78701  
City, State and Zip Code

efournet@ncplp.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tara Morales at ( 800 ) 345-4647  
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$1,000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee)  
☐ \$1,008.75 Filing Fees and Certificate of Status  
☒ \$1,052.50 Filing Fees and Certified Copy  
☐ \$1,061.25 Filing Fee, Certified Copy, and Certificate of Status

**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

2014 MAR -5 A.M. 45  
RECEIVED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL

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

1. Cardiac Cath Lab of Fort Myers, LP

(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. Delaware

State or Country of Formation

3. February 25, 2014

Date of Formation

4. Federal Employer Identification Number: 46-4914891

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

Capitol Corporate Services, Inc.

155 Office Plaza Dr Ste A

Tallahassee FL 32301

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.

Gayle Windle

Signature of Registered Agent

Gayle Windle, Assistant Secretary on behalf of Capitol Corporate Services, Inc.

7. Principal Office:

10000 Memorial, Suite 540

Houston, Texas 77024

8. Mailing Address:

10000 Memorial, Suite 540

Houston, Texas 77024

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: Cardiac Cath Lab of Fort Myers GP, LLC

Name of General Partner:

Street Address: 10000 Memorial, Suite 540

Street Address:

Houston, Texas 77024

Mailing Address: 10000 Memorial, Suite 540

Mailing Address:

Houston, Texas 77024

Name of General Partner:

Name of General Partner:

Street Address:

Street Address:

Mailing Address:

Mailing Address:

2014 MAR 10 AM 11:00  
CLERK OF COURT  
CLERK OF COURT

FILED

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 4 day of March, 2014

Cardine Cath Lee, J.D., M.P., J.C., General Partner,  
 By: Robert L. Schmitt, Chief Executive Officer and President

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

2014 MAR 5 A 3:10  
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 CLERK OF COURT

# Delaware

PAGE 1

*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CARDIAC CATH LAB OF FORT MYERS, LP" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTH DAY OF MARCH, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CARDIAC CATH LAB OF FORT MYERS, LP" WAS FORMED ON THE TWENTY-FIFTH DAY OF FEBRUARY, A.D. 2014.

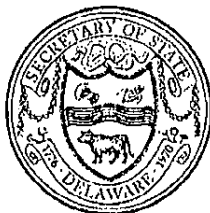
AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

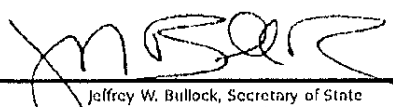
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MAR 5 2014  
STATE OF DELAWARE

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



  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 1180118

DATE: 03-05-14