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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Richard M. Kravis M.D., P.A.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following: **900003423139--0**

-10/12/00--01071--003

*****87.50 *****87.50

Lisa H. Barnett
(Name of Person)

Cheffy Passidomo Wilson & Johnson, LLP
(Firm/Company)

821 Fifth Avenue South
(Address)

Naples, Florida 34102
(City/State and Zip code)

For further information concerning this matter, please call:

Lisa H. Barnett at (941) 261-9300
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Enclosed is a check for the following amount:

☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☒ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. Richard M. Kravis, M.D., P.A.
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. Texas 3. 75-2633360
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. February 21, 1995 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. Upon qualification
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 5100 N. Oconnor Blvd., Suite 100, Irving, TX 75039
(Principal office address)
5100 N. Oconnor Blvd., Suite 100, Irving, TX 75039
(Current mailing address)
8. All legal purposes
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. **Name and street address of Florida registered agent:** (P.O. Box or Mail Drop Box **NOT** acceptable)
- Name: Lisa H. Barnett
Cheffy Passidomo Wilson & Johnson, LLP
Office Address: 821 Fifth Avenue South
Naples, , Florida 34102
(City) (Zip code)

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10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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)

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

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Richard Kravis, M.D.

Address: 104 Mahogany Drive

Naples, Florida 34108

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Richard Kravis, M.D.

Address: 104 Mahogany Drive

Naples, Florida 34108

Vice President: Richard Kravis, M.D.

Address: 104 Mahogany Drive

Naples, Florida 34108

Secretary: Richard Kravis, M.D.

Address: 104 Mahogany Drive, Naples, Florida 34108

Treasurer: Richard Kravis, M.D.

Address: 104 Mahogany Drive, Naples, Florida 34108

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NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. _____

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Richard M. Kravis, President

(Typed or printed name and capacity of person signing application)



The State of Texas

SECRETARY OF STATE

IT IS HEREBY CERTIFIED that
Articles of Association of

RICHARD M. KRAVIS, M.D., P.A.
File No. 815966-03

were filed in this office and a certificate of association was issued to this professional association, and no certificate of dissolution is in effect and the association is currently 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 October 5, 2000.

FILED
00 OCT 12 AM
SECRETARY OF STATE
TALAHASSEE, FLORIDA

Elton Bomer
Secretary of State

BAM