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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

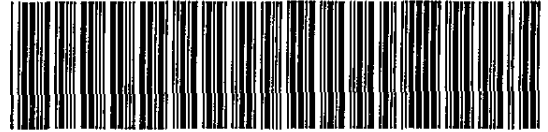
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STATE OF TEXAS
DEPARTMENT OF
TAXATION

03 MAY 30 AM 8:35

FILED

LAW OFFICES

SHOOK, HARDY & BACON LLP

GENEVA
HOUSTON
KANSAS CITY
LONDON
MIAMI

84 CORPORATE WOODS
10801 MASTIN, SUITE 1000
OVERLAND PARK, KANSAS 66210-1671
TELEPHONE (913) 451-6060 ■ FACSIMILE (913) 451-8879

NEW ORLEANS
OVERLAND PARK
SAN FRANCISCO
TAMPA
WASHINGTON, D.C

Margaret A. Elliott
melliott@shb.com

May 29, 2003

Secretary of State
Registration Section – Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

Via Federal Express

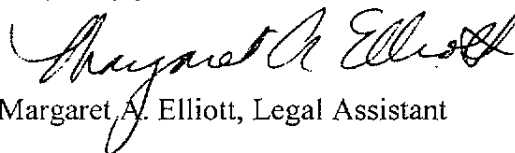
Re: Kansas City Urology Care, P.A.

Dear Sir or Madam:

Enclosed for filing are your form transmittal letter, the signed original and one copy of Application for Authorization to Transact Business in Florida, Kansas certificate of good standing, and acceptance of appointment of registered agent, and a check for \$78.75 (for filing fee and certificate of status). As we need this back quickly, I am also enclosing a self-addressed return Federal Express label and envelope.

Please advise if there are any questions concerning this filing. Thank you for your prompt attention to this matter.

Very truly yours,


Margaret A. Elliott, Legal Assistant

mae
Enclosures

cc: William A. Fay

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03 MAY 30 AM 8:35
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Kansas City Urology Care, 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:

Margaret A. Elliott, Legal Assistant
(Name of Person)

Shook, Hardy & Bacon L.L.P.
(Firm/Company)

10801 Mastin, Suite 1000
(Address)

Overland Park, KS 66210-1671
(City/State and Zip code)

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 03 MAY 30 AM 8:35
 KANSAS CITY, MO

For further information concerning this matter, please call:

Margaret A. Elliott at (913) 451-6060
(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

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. Kansas City Urology Care, 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. Kansas 3. 48-1216340
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. June 1, 1999 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. 5750 West 95th Street, Suite 229, Shawnee Mission, Kansas 66207-2969
(Principal office address)

5750 West 95th Street, Suite 229, Shawnee Mission, Kansas 66207-2969
(Current mailing address)

8. To engage in the practice of medicine and laboratory testing in field of urology.
(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: C T Corporation System

Office Address: 1200 South Pine Island Road,

Plantation, , Florida 33324
(City) (Zip code)

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.

C T Corporation System

By: See attached
(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.

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03 MAY 30 AM 8:35
TALLAHASSEE FLORIDA

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

A. DIRECTORS

Chairman: SEE ATTACHED LIST OF DIRECTORS.

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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03 MAY 30 AM 8:35
KANSAS SECRETARIAT

B. OFFICERS

President: Gary Leifer, M.D.

Address: 5750 West 95th Street, Suite 229, Shawnee Mission, KS 66207-2969

Vice President: John Strickland, M.D.

Address: 5750 West 95th Street, Suite 229, Shawnee Mission, KS 66207-2969

Secretary: William A. Fay

Address: 5750 West 95th Street, Suite 229, Shawnee Mission, Kansas 66207-2969

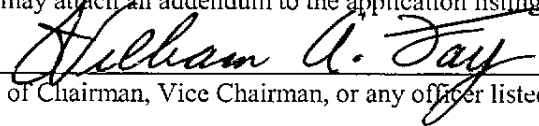
Treasurer: John Strickland

Address: 5750 West 95th Street, Suite 229, Shawnee Mission, Kansas 66207-2969

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. William A. Fay, Secretary

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

Kansas City Urology Care, P.A.
List of Directors and Addresses

- Gary Leifer, M.D.
5750 West 95th Street, Suite 229, Shawnee Mission, Kansas 66207-2969
- John Strickland, M.D.
5750 West 95th Street, Suite 229, Shawnee Mission, Kansas 66207-2969
- Mark Austenfeld, M.D.
5750 West 95th Street, Suite 229, Shawnee Mission, Kansas 66207-2969
- Thomas B. Herrick, M.D.
5750 West 95th Street, Suite 229, Shawnee Mission, Kansas 66207-2969
- Floyd F. Frieden, M.D.
5750 West 95th Street, Suite 229, Shawnee Mission, Kansas 66207-2969
- Robert L. Elkins, M.D.
5750 West 95th Street, Suite 229, Shawnee Mission, Kansas 66207-2969
- David B. Bock, M.D.
5750 West 95th Street, Suite 229, Shawnee Mission, Kansas 66207-2969
- Steven D. Nash, M.D.
5750 West 95th Street, Suite 229, Shawnee Mission, Kansas 66207-2969
- Scott A. Montgomery, M.D.
5750 West 95th Street, Suite 229, Shawnee Mission, Kansas 66207-2969
- David F. Emmott, M.D.
5750 West 95th Street, Suite 229, Shawnee Mission, Kansas 66207-2969
- Jack Moore, M.D.
5750 West 95th Street, Suite 229, Shawnee Mission, Kansas 66207-2969
- Allen R. Weide, M.D.
5750 West 95th Street, Suite 229, Shawnee Mission, Kansas 66207-2969
- Gerald Y. Park, M.D.
5750 West 95th Street, Suite 229, Shawnee Mission, Kansas 66207-2969
- Douglas N. Tietjen, M.D.
5750 West 95th Street, Suite 229, Shawnee Mission, Kansas 66207-2969

7/20/2016 10:56:11 AM

03 MAY 30 AM 8:35

FILED

ACCEPTANCE OF APPOINTMENT

RE: **Kansas City Urology Care, P.A.**

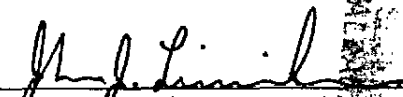
CT Corporation System
1200 S. Pine Island Rd.
Plantation, FL 33324

Pursuant to Sections 48.091 and 607.0501, Florida Statutes, the undersigned acknowledges and accepts its appointment as registered agent of the above corporation and agrees to act in the capacity and to comply with the provisions of the Florida Business Corporation Act (1990) relative to keeping open the registered office at the address specified above. The undersigned is familiar with, and accepts the obligations of, Section 607.0505, Florida Statutes.

Dated: May 27, 2003

CT CORPORATION SYSTEM

By


John J. Linnihan, Asst. Vice President

FILED
MAY 27 2003
STATE OF FLORIDA

03 MAY 30 AM 8:35

FILED

STATE OF KANSAS

OFFICE OF
SECRETARY OF STATE
RON THORNBURGH



To all to whom these presents shall come, Greetings:

I, RON THORNBURGH, Secretary of State of the state of Kansas, do hereby certify that I am the custodian of records of the state of Kansas relating to professional associations, and that I am the proper official to execute this certificate.

I FURTHER CERTIFY THAT

KANSAS CITY UROLOGY CARE, P.A.

is a regularly and properly organized professional association under the laws of the state of KANSAS, having been incorporated in Kansas on the 1st day of June, A.D. 1999 and has paid all fees and franchise taxes due this office and is in good standing according to the records now on file in the office of Secretary of State.

In testimony whereof:

I hereto set my hand and cause to be affixed my official seal.
Done at the City of Topeka, this
28th day of May, A.D. 2003



A handwritten signature in black ink that reads "Ron Thornburgh".

RON THORNBURGH
SECRETARY OF STATE