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TRANSMITTAL LETTER

Division of Corporations
SUBJECT: Western KANSAS Urological Associates, PA (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:
PegDRACH
Peg DRHCH (Name of Person)
Uromyh 11C
(Firm/Company)
3355 Clark Road
(Address)
Sanasota FL 34231
(City/State and Zip code)
For further information concerning this matter, please call:
Peg DRACH at (941) 309-7284 (Name of Person) (Area Code & Daytime Telephone Number)
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tailahassee, FL 32399 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tailahassee, FL 32314
Enclosed is a check for the following amount:
☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & ☐ \$78.75 Filing Fee & Certificate of Status Certified Copy 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. WISTERN KANSAS URITERICAL ASSECUTES, PA (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp." "Inc," "Co," or "Corp.")	
N/A	
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)	
2. KAWSAS, USA 3. 48-0925222	
(State or country under the law of which it is incorporated) (FEI number, if applicable)	
4. 9[4]1981 5. Perpetual	
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual") 6.	
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)	
7. WESTERN KANSAS Urological ASSOC, P.A. 15	
2214CANTERBURY 1) rive Suite #308 Hays, K5676	9
(Current mailing address)	•
8. Physician Office Clinical Laboratory (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 NOT acceptable)	
Name: Peg DRACH C/O Uropath LLC	
Office Address: 3355 Clark Road	
SARASOTA , Florida 34231	
(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.	
Les brail	
(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:	DARRELL D. WERTH
Address:	3711 FAIRWAY
	HAYS, KS 67601
Vice Chairman:	KEVIN R. MCDONALD
Address:	3001 TAM O'SHANTER DR.
	HAYS, KS 67601
Director:	CARL T. NEWMAN
Address:	3101 TAM O'SHANTER DR.
	HAYS, KS 67601
Director:	
B. OFFICERS	
	DARRELL D. WERTH
Address	3711 FAIRWAY
	HAYS, KS 67601
Vice President:	CARL T. NEWMAN
	3101 TAM O'SHANTER DR.
	HAYS, KS 67601
Secretary:	KEVIN R. MCDONALD
Address:	3001 TAM O'SHANTER DR. HAYS, KS 67601
Treasurer:	KEVIN R. MCDONALD
Address:	3001 TAM O'SHANTER DR. HAYS, KS 67601
1/	esary you may attach an addendum to the application listing additional officers and/or directors.
13	(Signature of Director or Officer listed in number 12 of the application)
14. DARREI	L D. WERTH, PRESIDENT
	(Typed or printed name and capacity of person signing application)

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, according to the records of this office,

WESTERN KANSAS UROLOGICAL ASSOCIATES, P.A. PROFESSIONAL ASSOCIATION

Business Entity ID Number: 0712828

was filed in this office on September 04, 1981 and has complied with the applicable provisions of the laws of the State of Kansas and on this date is in good standing and authorized to transact business or to conduct its affairs within this state.

Dated: 11/03/2004

For Validation:

Certificate ID: 22782

To validate this certificate, visit the following web site, enter this certificate ID, then follow the instructions displayed.

https://www.accesskansas.org/businessentity/validate.html

Signed:

RON THORNBURGH SECRETARY OF STATE