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(Requestor's Name)

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(Address)

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(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

\_\_\_\_\_  
(Business Entity Name)

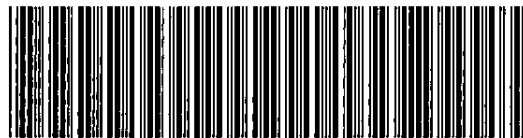
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*K 11/16/11*

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** American Physicians, Inc.

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," or "Certificate of Good Standing" 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:

Helen Halloran

Name of Person

American Physicians, Inc.

Firm/Company

1123 Pacific Avenue

Address

Tacoma, WA 98402

City/State and Zip code

hhalloran@soundphysicians.com

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

For further information concerning this matter, please call:

Helen Halloran

at ( 253 ) 682-6016

Name of Person

Area Code & Daytime Telephone Number

### STREET/COURIER ADDRESS:

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

### MAILING ADDRESS:

New Filing 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. American Physicians, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Arizona

(State or country under the law of which it is incorporated)

3.

(FEI number, if applicable)

4. May 31, 1996

(Date of incorporation)

5. Perpetual

(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. 2020 N. Central Avenue, #5050, Phoenix, AZ 85004

(Principal office address)

1123 Pacific Avenue, Tacoma, WA 98402

(Current mailing address)

8. Providing the services of duly licensed physicians to render hospitalist care at healthcare facilities

(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: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation

(City)

, Florida 33324

(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.*

C T Corporation System

By:

*Daniel J. Moravits, Asst Secretary, C.T. Corporation System*  
(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: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_  
~~Vice Chairman:~~ Robert A. Bessler, M.D.

Address: 1123 Pacific Avenue  
Tacoma, WA 98402

Director: Jonathan Bilzen

Address: 1123 Pacific Avenue  
Tacoma, WA 98402

Director: Ian Sacks

Address: 1123 Pacific Avenue  
Tacoma, WA 98402

**B. OFFICERS**

President: Robert A. Bessler, M.D.

Address: 1123 Pacific Avenue  
Tacoma, WA 98402

*Physician Recruitment Officer*  
Vice President: Shawn Burns

Address: 1123 Pacific Avenue  
Tacoma, WA 98402

Secretary: Steven M. McCarty

Address: 1123 Pacific Avenue, Tacoma, WA 98402

Treasurer: Sean Lyman

Address: 1123 Pacific Avenue, Tacoma, WA 98402

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

13. \_\_\_\_\_  
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she 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.

14. Steven M. McCarty, Secretary  
(Typed or printed name and capacity of person signing application)

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# STATE OF ARIZONA



Office of the  
**CORPORATION COMMISSION**  
**CERTIFICATE OF GOOD STANDING**

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TALLAHASSEE, FLORIDA

To all to whom these presents shall come, greeting:

I, Ernest G. Johnson, Executive Director of the Arizona Corporation Commission, do hereby certify that

**\*\*\*AMERICAN PHYSICIANS, INC.\*\*\***

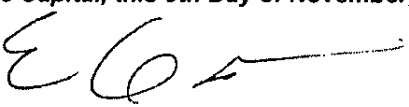
a domestic corporation organized under the laws of the State of Arizona, did incorporate on May 31, 1996.

I further certify that according to the records of the Arizona Corporation Commission, as of the date set forth hereunder, the said corporation is not administratively dissolved for failure to comply with the provisions of the Arizona Business Corporation Act; and that its most recent Annual Report, subject to the provisions of A.R.S. sections 10-122, 10-123, 10-125 & 10-1622, has been delivered to the Arizona Corporation Commission for filing; and that the said corporation has not filed Articles of Dissolution as of the date of this certificate.

This certificate relates only to the legal existence of the above named entity as of the date issued. This certificate is not to be construed as an endorsement, recommendation, or notice of approval of the entity's condition or business activities and practices.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of the Arizona Corporation Commission. Done at Phoenix, the Capital, this 9th Day of November, 2011, A. D.



  
Executive Director

By: \_\_\_\_\_ 685871