

F/2000003777

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

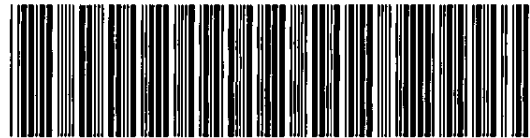
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE FLORIDA

✓ 09/14/12

LATHROP & GAGE_{LLP}

MARIANN MARING
DIRECT LINE: 913.451.5155
EMAIL: MMARING@LATHROP&GAGE.COM
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BUILDING 82, SUITE 1000
10851 MASTIN BOULEVARD
OVERLAND PARK, KANSAS 66210-1669
PHONE: 913.451.5100
FAX: 913.451.0875

September 12, 2012

VIA FEDEX

Florida Department of State
New Filing Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Physician Office Partners, Inc.

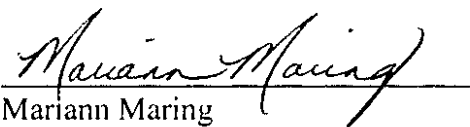
Dear Ladies/Gentlemen:

Enclosed for filing are duplicate Applications by Foreign Corporation for Authorization to Transact Business in Florida, together with the Florida Cover Letter, a Kansas Certificate of Fact, and a \$78.75 check for the filing fee. Please return a file-stamped copy to my attention using the provided envelope.

If you have any questions regarding the enclosed, please call me at 913-451-5155.
Thank you.

Very truly yours,

LATHROP & GAGE LLP

By: 
Mariann Maring
Paralegal

MM

Enclosures

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Physician Office Partners, 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:

Mariann Maring

Name of Person

Lathrop & Gage LLP

Firm/Company

10851 Mastin Blvd., Suite 1000

Address

Overland Park, KS 66210

City/State and Zip code

mmaring@lathropgage.com

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

For further information concerning this matter, please call:

Mariann Maring

Name of Person

at (913) 451-5155

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. Physician Office Partners, 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. Kansas

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

3. 74-3050016

(FBI number, if applicable)

4. 6-27-2002

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. upon qualification

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 10561 Barkley St., Suite 300, Leawood, KS 66212

(Principal office address)

Same

(Current mailing address)

8. Billing service for physicians.

(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: NRAI Services, Inc.

Office Address: 515 East Park Avenue

Tallahassee

(City)

, Florida 32301

(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.

see attachment

(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.

TALLAHASSEE, FLORIDA
12 SEP 13 PM 2:42

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

A. DIRECTORS

Chairman: Carl M. Slater

Address: 9718 Overbrook Rd.

Leawood, KS 66206

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Carl M. Slater

Address: 9718 Overbrook Rd.

Leawood, KS 66206

Vice President: _____

Address: _____

Secretary: Robert W. Davey

Address: 10514 W. 150th St., Overland Park, KS 66211

Treasurer: _____

Address: _____

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, R.S.

14. Carl M. Slater, President

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

CONSENT OF REGISTERED AGENT

RE: Physician Office Partners, Inc.

NRAI Services, Inc. hereby consents to serve as registered agent for the above-named entity in the state of Florida.

Dated: 07/19/12

NRAI Services, Inc.

By: Sean L. Emerick
Sean L. Emerick, Assistant Secretary

12 SEP 13 PM 2:42
STATE
TALLAHASSEE, FLORIDA

STATE OF KANSAS
OFFICE OF
SECRETARY OF STATE
KRIS W. KOBACH

I, KRIS W. KOBACH, Secretary of State of the state of Kansas, do hereby certify, that according to the records of this office.

Business Entity ID Number: 3339249

Entity Name: PHYSICIAN OFFICE PARTNERS, INC.

Entity Type: KANSAS FOR PROFIT CORPORATION

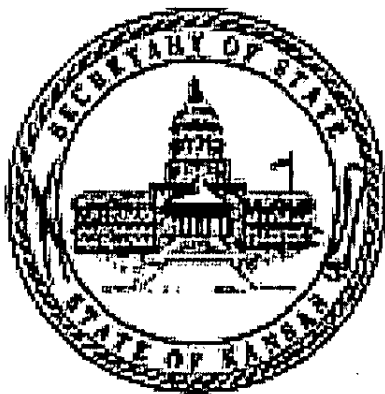
State of Organization: KS

Resident Agent: CARL SLATER

Registered Office: 10308 STATE LINE, LEAWOOD, KS 66206

was filed in this office on June 27, 2002, and is in good standing, having fully complied with all requirements of this office.

No information is available from this office regarding the financial condition, business activity or practices of this entity.



In testimony whereof I execute this certificate and affix the seal of the Secretary of State of the state of Kansas on this day of July 19, 2012

KRIS W. KOBACH
SECRETARY OF STATE

Certificate ID: 501878 - To verify the validity of this certificate please visit <https://www.kansas.gov/bess/flow/validate> and enter the certificate ID number.

12 SEP 13 PM 2:42
STATE OF KANSAS
TALLAHASSEE, FLORIDA