

Division of Corporations  
F130000007168

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H13000031417 3)))



H130000314173ABCU

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850) 617-6381

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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

FOREIGN PROFIT/NONPROFIT CORPORATION  
PRISM HEALTHCARE PARTNERS LTD CO

Certificate of Status	0
Certified Copy	0
Page Count	067
Estimated Charge	\$70.00

**\*RE-SUBMIT\***

Please retain original filing  
date of submission 2/8

Electronic Filing Menu Corporate Filing Menu

<https://efile.sunbiz.org/scripts/efilcovr.exe>

## COVER LETTER

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

**SUBJECT:** Prism Healthcare Partners LTD 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:

**Larry Marshall**

Name of Person

**Prism Healthcare Partners LTD**

Firm/Company

**190 South La Salle Street, Suite 2900**

Address

**Chicago, Illinois 60603**

City/State and Zip code

**lmarshall@prismhealthcare.com**

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

For further information concerning this matter, please call:

**Larry Marshall**

Name of Person

at **( 312 ) 610-4804**

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

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 FEB - 8 AM 10:45



February 11, 2013

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

C T CORPORATION SYSTEM

SUBJECT: PRISM HEALTCARE PARTNERS LTD CO  
REF: W13000008263FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 FEB - 8 AM 10:45

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The use of LIMITED or LTD. is not sufficient as a corporate designation. The name must include a word such as INCORPORATED, INC., CORPORATION or CORP.

If you have any further questions concerning your document, please call (850) 245-6052.

Valerie Herring  
Regulatory Specialist II  
New Filing Section

FAX Aud. #: H13000031417  
Letter Number: 113A00003293

**\*RE-SUBMIT\***

Please retain original filing  
date of submission 2/8

P.O BOX 6327 - Tallahassee, Florida 32314

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. Prism Healthcare Partners LTD Inc.

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

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

2. Delaware

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

3.

(FBI number, if applicable)

4. January 9, 2013

(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. 190 South La Salle Street, Suite 2900, Chicago, Illinois 60603

(Principal office address)

190 South La Salle Street, Suite 2900, Chicago, Illinois 60603

(Current mailing address)

The transaction of any and all lawful purposes for which corporations may be organized pursuant  
to the General Corporation Law of Delaware and as permitted under the Florida Statutes.

8.

(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)

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

Angel Shearer

Angel Shearer

Assistant Secretary

(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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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

13 FEB - 8 AM 10:45

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DIVISION OF CORPORATIONS

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

A. DIRECTORS

Chairman: See attached.

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

Vice Chairman: \_\_\_\_\_

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

Director: \_\_\_\_\_

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

Director: \_\_\_\_\_

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

B. OFFICERS

President: See attached.

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

Vice President: \_\_\_\_\_

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

Secretary: \_\_\_\_\_

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

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 2.817.155, F.S.

14. David M. Shade, President and Chief Executive Officer

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

**Application by Foreign Corporation for Authorization to Transact Business in Florida**

**Prism Healthcare Partners LTD**

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

**A. Directors**

	Name	Business Address
Director	David M. Shade	190 South La Salle Street, Suite 2900 Chicago, Illinois 60603
Director	Janice James	190 South La Salle Street, Suite 2900 Chicago, Illinois 60603
Director	Ramona G. Lacy	190 South La Salle Street, Suite 2900 Chicago, Illinois 60603
Director	George W. Whetsell	190 South La Salle Street, Suite 2900 Chicago, Illinois 60603

**B. Officers**

	Name	Business Address
President, Chief Executive Officer and Executive Vice President	David M. Shade	190 South La Salle Street, Suite 2900 Chicago, Illinois 60603
Executive Vice President and Secretary	Janice James	190 South La Salle Street, Suite 2900 Chicago, Illinois 60603
Executive Vice President	Ramona G. Lacy	190 South La Salle Street, Suite 2900 Chicago, Illinois 60603
Executive Vice President and Treasurer	George W. Whetsell	190 South La Salle Street, Suite 2900 Chicago, Illinois 60603

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# Delaware

PAGE 1

*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PRISM HEALTHCARE PARTNERS LTD" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SEVENTH DAY OF FEBRUARY, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.


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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 FEB - 8 AM 10:45

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You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)



  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 0202012

DATE: 02-07-13