F13000001223

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #).				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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Office Use Only



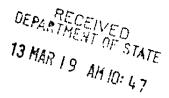
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DEPARTMENT OF STATE

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CLORIDA DEPARTMENT

FLORIDA DEPARTMENT OF STATE Division of Corporations

March 15, 2013

CSC ATTN: SUSIE KNIGHT

RESUBMIT
Please give original
submission date as file date.

SUBJECT: HOME PHYSICIANS 2011 P.C.

Ref. Number: W13000015287

We have received your document for HOME PHYSICIANS 2011 P.C. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Justin M Shivers
Regulatory Specialist II
New Filing Section

Letter Number: 313A00006166



ACCOUNT NO. : 12000000195						
REFERENCE : 569721 7541001						
AUTHORIZATION: Spellellenan						
COST LIMIT : \$ 60.00						
ORDER DATE: March 13, 2013						
ORDER TIME : 9:30 AM						
ORDER NO. : 569721-005						
CUSTOMER NO: 7541001						
FOREIGN FILINGS						
NAME: HOME PHYSICIANS 2011 P.C.						
XXXX QUALIFICATION (TYPE: PC)						
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:						
CERTIFIED COPY XX PLAIN STAMPED COPY						
CERTIFICATE OF GOOD STANDING						
COMPACIE DEDCOM Contact Whitehalt TWENT COORD						
CONTACT PERSON: Susie Knight EXT# 52956						
EXAMINER:						

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.

	corporation; must include "INCORPORATED Corp," "Inc," "Co," or "Corp.")	o," "COMPANY," "CORPORATION,"	
(If name unavail	able in Florida, enter alternate corporate name	e adopted for the purpose of transacting business in Fl	orida)
Illinois	3	45-2829073	
	under the law of which it is incorporated)	(FEI number, if applicable)	
July 19, 2011			
(Date	of incorporation)	(Duration: Year corp. will cease to exist or "perpe	tual")
	·		
		in Florida, if prior to registration) 1502, F.S., to determine penalty liability)	
9100 S. Dadela	nd Boulevard, Suite 1500, Miami, Florida	33156	
	(Principal office ad		
c/o Home Phys	icians Management LLC, 1340 S. Damer	n Avenue, Suite 210, Chicago, IL 60608	
	(Current mailing ad	dress)	
Any lawful bus	iness or activity under the laws of this Sta	ate and the State of Illinois	SECI
(Purpose(s	s) of corporation authorized in home state or o	country to be carried out in state of Florida)	表示
Name and stree	et address of Florida registered agent: (P	O. Box NOT acceptable)	SH
Name:	Corporation Service Company	,,	SE ESE
ffice Address:	1201 Hays Street		
	Tallahassee	. Florida 32301	
	(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.

Corporation Service Company

By:

(Registered agent's signature)

Sue G. Knight

Assistant Vice President

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

A. DIRE	Michael Fessenden, M.D.				
Chairman: Address:	9100 S. Dadeland Blvd. Suite 1500 J	Miami Florida	33156		
_					
Vice Chair	rman:				
Address:					_
Director:	Michael Fessenden, M.D.				
	9100 S. Dadeland Blvd Suite 1500 I	Miami Florida	33156		
Director:	Kiran Srirama, M.D.				
	9100 S. Dadeland Blvd Suite 1500	Miami Florida	33156		
President:	Michael Fessenden, M.D.	Miami Florida	33156	Σes	
Vice Presi	Karim Dajani, M.D.			EGHAN MARAN	7.23
Address: _	9100 S. Dadeland Blvd Suite 1500 M	Miami Florida	33156	びた 明末 <u>カ</u> プ	7
Secretary:	Michael Fessenden, M.D.			SIATE TOTAL	2
Address:	9100 S. Dadeland Blvd Suite 1500 M	Viiami Florida	33156		
Treasurer:	Michael Fessenden, M.D.				
Address: _	9100 S. Dadeland Blvd Suite 1500 M			ers and/or directors.	
are true as a third de	Signer or director signing this document (and that he or she is aware that false in gree felony as provided for in s.817.1 ael Fessenden, M.D., President	nformation sub	ed in number 12 above) affirms		
14.	(Typed or printed nam	e and canacity	of person signing application)		



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

HOME PHYSICIANS 2011 P.C., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JULY 19, 2011, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.





Authentication #: 1307300580

Authenticate at: http://www.cyberdriveillinois.com

In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 14TH

day of

MARCH

A.D.

2013

Desse White

SECRETARY OF STATE