

F130000004656

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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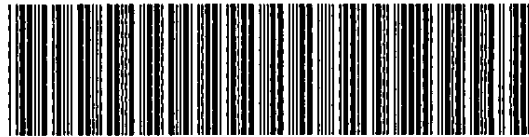
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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9/25

W13-53272 9/10

## COVER LETTER

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

**SUBJECT:** GCGA 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:

Cheryl Stacy

Name of Person

Katz Teller Brant & Hild

Firm/Company

255 E. Fifth St, Ste 2400

Address

Cincinnati, OH 45202

City/State and Zip code

cstacy@katzteller.com

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

For further information concerning this matter, please call:

Cheryl Stacy

Name of Person

at ( 513 ) 977-3450

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 25, 2013

CHERYL STACY  
255 E 5TH ST SUITE 2400  
CINCINNATI, OH 45202

SUBJECT: GCGA-PHYSICIANS, INC.  
Ref. Number: W13000053272

RECEIVED  
13 OCT 18 PM 12:28  
FBI - MIAMI  
FBI - MIAMI  
FBI - MIAMI

We have received your document for GCGA PHYSICIANS, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$2,000.00.

Please return 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.

Jessica A Fason  
Regulatory Specialist II

Letter Number: 013A00022497

**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. GCGA 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. Ohio

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

3. 31-1559935

(FEI number, if applicable)

4. 3/26/97

(Date of incorporation)

5. perpetual

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

6. 9/1/05

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

7. 2925 Vernon Place, Suite 100, Cincinnati, OH 45219

(Principal office address)

2925 Vernon Place, Suite 100, Cincinnati, OH 45219

(Current mailing address)

8. Practice of Medicine

(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: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation

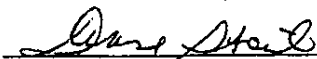
(City)

, 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.*



Diane Stout, Asst. 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.

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 s.817.155, F.S.

14. \_\_\_\_\_

Daniel Walker, Secretary & Treasurer

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

GCCG, PHYSICIANS, INC.  
DIRECTORS AND OFFICERS 2013

Atkinson	M.D.	Matthew	DIRECTOR	2925 Vernon Place, Suite 100	Cincinnati	OH	45249
Bekal	M.D.	Pradeep K.	DIRECTOR	2925 Vernon Place, Suite 100	Cincinnati	OH	45249
Chokshi	M.D.	Manish	DIRECTOR	2925 Vernon Place, Suite 100	Cincinnati	OH	45249
Czarnecki	M.D.	John P.	DIRECTOR	2925 Vernon Place, Suite 100	Cincinnati	OH	45249
Haberthier	M.D.	Karen	DIRECTOR	2925 Vernon Place, Suite 100	Cincinnati	OH	45249
Jonas	M.D.	Mark E.	DIRECTOR	2925 Vernon Place, Suite 100	Cincinnati	OH	45219
Jurell	M.D.	Kim R.	DIRECTOR	2925 Vernon Place, Suite 100	Cincinnati	OH	45219
Kaylor	M.D.	Terry	DIRECTOR	2925 Vernon Place, Suite 100	Cincinnati	OH	45249
Kreines	M.D.	Michael D.	DIRECTOR	2925 Vernon Place, Suite 100	Cincinnati	OH	45219
Lestina	M.D.	Lisa	DIRECTOR	2925 Vernon Place, Suite 100	Cincinnati	OH	45219
Mangels	M.D.	David G.	DIRECTOR	2925 Vernon Place, Suite 100	Cincinnati	OH	45219
Martin	M.D.	Stephen P.	DIRECTOR	2925 Vernon Place, Suite 100	Cincinnati	OH	45219
O'Toole	M.D.	Terrance	DIRECTOR	2925 Vernon Place, Suite 100	Cincinnati	OH	45219
Ramprasad	M.D.	Kris	DIRECTOR	2925 Vernon Place, Suite 100	Cincinnati	OH	45249
Ravinuthala	M.D.	Ravi	DIRECTOR	2925 Vernon Place, Suite 100	Cincinnati	OH	45219
Safdi	M.D.	Alan V.	DIRECTOR	2925 Vernon Place, Suite 100	Cincinnati	OH	45249
South	M.D.	Christopher	DIRECTOR	2925 Vernon Place, Suite 100	Cincinnati	OH	45219
Stotz	M.D.	Jeffrey	DIRECTOR	2925 Vernon Place, Suite 100	Cincinnati	OH	45219
Safdi	M.D.	Alan V.	PRESIDENT	2925 Vernon Place, Suite 100	Cincinnati	OH	45249
Walker		Daniel G.	SECRETARY	2925 Vernon Place, Suite 100	Cincinnati	OH	45249
Walker		Daniel G.	TREASURER	2925 Vernon Place, Suite 100	Cincinnati	OH	45249
Atkinson	M.D.	Matthew	VICE PRESIDENT	2925 Vernon Place, Suite 100	Cincinnati	OH	45249
Bekal	M.D.	Pradeep K.	VICE PRESIDENT	2925 Vernon Place, Suite 100	Cincinnati	OH	45249
Chokshi	M.D.	Manish	VICE PRESIDENT	2925 Vernon Place, Suite 100	Cincinnati	OH	45249

**GCGA, PHYSICIANS, INC.**  
**DIRECTORS AND OFFICERS 2013**

Czarnecki	M.D.	John P.	VICE PRESIDENT	2925 Vernon Place, Suite 100	Cincinnati	OH	45249
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South	M.D.	Christopher	VICE PRESIDENT	2925 Vernon Place, Suite 100	Cincinnati	OH	45249
Stoltz	M.D.	Jeffrey	VICE PRESIDENT	2925 Vernon Place, Suite 100	Cincinnati	OH	45249

UNITED STATES OF AMERICA  
STATE OF OHIO  
OFFICE OF THE SECRETARY OF STATE

*I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show GCGA PHYSICIANS, INC., an Ohio corporation, Charter No. 972641, having its principal location in Cincinnati, County of Hamilton, was incorporated on March 26, 1997 and is currently in GOOD STANDING upon the records of this office.*



*Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 18th day of September, A.D. 2013.*

A handwritten signature in black ink that reads "Jon Husted".

Ohio Secretary of State

Validation Number: 201326100693