

F13000005454

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

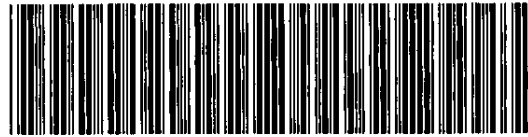
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700254773197

12/18/13--01033--007 **87.50

FILED
13 DEC 18 PM 2:25
SECRETARY OF STATE
TALLAHASSEE FLORIDA



ATTORNEYS AT LAW

Adam Pardue

904 . 346 . 5743
APardue@rtlaw.com

1301 Riverplace Boulevard • Suite 1500
Jacksonville, Florida 32207

904 . 398 . 3911 Main
904 . 396 . 0663 Fax
www.rtlaw.com

December 4, 2013

Via Federal Express

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

**Re: Application by Foreign Corporation for Authorization to Transact Business
in Florida
ASSOCIATED WOMEN'S HEALTHCARE OF THE INLAND VALLEY, A
MEDICAL CORPORATION, P.A.**

To Whom It May Concern:

Enclosed please find the following:

1. A cover letter and Application by Foreign LLC for Authorization to Conduct its Affairs in Florida for Associated Women's Healthcare of the Inland Valley, A Medical Corporation, P.A.
2. A Certificate of Status from the State of California for Associated Women's Healthcare of the Inland Valley, a Medical Corporation.
3. A firm check in the amount of \$87.50 representing your registration fee for an Application by Foreign Corporation for Authorization to Transact Business in Florida, a Certified Copy, and a Certificate of Status for Associated Women's Healthcare of the Inland Valley, A Medical Corporation, P.A.

Please contact me at (904) 346-5743 if you should have any questions. Thank you for your assistance in this matter.

Sincerely,

A handwritten signature in cursive script, appearing to read "Adam Pardue".

Adam Pardue

Enclosures

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Associated Women's Healthcare of the Inland Valley, a Medical Corporation, P.A.

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:

Adam Pardue

Name of Person

Rogers Towers, P.A.

Firm/Company

1301 Riverplace Boulevard, Suite 1500

Address

Jacksonville, Florida 32207

City/State and Zip code

apardue@rtlaw.com

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

For further information concerning this matter, please call:

Adam Pardue

Name of Person

at (904) 346-5743

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

State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

ASSOCIATED WOMEN'S HEALTHCARE OF THE INLAND VALLEY, A MEDICAL CORPORATION

FILE NUMBER: C2505587
FORMATION DATE: 04/03/2003
TYPE: DOMESTIC CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

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



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of November 08, 2013.

Debra Bowen

DEBRA BOWEN
Secretary of State

FILED
13 DEC 18 PM 2:25
TALLAHASSEE FL 32004
SECRETARY OF STATE

**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. Associated Women's Healthcare of the Inland Valley, a Medical Corporation, P.A.

(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. California 3. 02-0685679

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

(FEI number, if applicable)

4. April 3, 2003 5. Perpetual

(Date of incorporation)

(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. 1560 Kingsley Ave., Ste. 4, Orange Park, Florida 32073

(Principal office address)

1560 Kingsley Ave., Ste. 4, Orange Park, Florida 32073

(Current mailing address)

8. To provide medical services.

(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: Beverly Pascoe c/o Rogers Towers, P.A.

Office Address: 1301 Riverplace Blvd., Ste. 1500

Jacksonville, Florida 32207


(City)

(Zip code)

FILED
13 DEC 18 PM 2:25
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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.



(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: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Brian A. Byrne, M.D.

Address: 1560 Kingsley Ave., Ste. 4

Orange Park, FL 32073

Vice President: as above

Address: _____

Secretary: as above

Address: _____

Treasurer: as above

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. Brian A. Byrne, M.D., President

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

FILED
13 DEC 18 PM 2:25
SECRETARY OF STATE
TALLAHASSEE FLORIDA