

**F 14 000001937**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

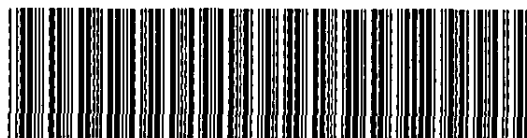
(Business Entity Name)

(Document Number)

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NO. 1400000  
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5/5 cm

**CT Corporation System**

1203 Governors Square Blvd, Suite 101, Tallahassee, FL, 3850-222-1092

**HURLEY PRACTICE MANAGEMENT SERVICES, INC.**

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**Thank you!**

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| <input checked="" type="checkbox"/> Profit -<br><input type="checkbox"/> Nonprofit   | <input type="checkbox"/> Amendment   | <input type="checkbox"/> Merger                                |
| <input checked="" type="checkbox"/> Foreign- QUAL  | <input type="checkbox"/> Dissolution/Withdrawal<br><input type="checkbox"/> Reinstatement  | <input type="checkbox"/> Mark                                  |
| <input type="checkbox"/> Limited Partnership<br><input type="checkbox"/> LLC   | <input type="checkbox"/> Annual Report<br><input type="checkbox"/> Name Registration<br><input type="checkbox"/> Fictitious Name | <input type="checkbox"/> Other<br><input type="checkbox"/> UCC |
| <input type="checkbox"/> Certified Copy  | <input type="checkbox"/> Photocopies   | <input type="checkbox"/> CUS                                   |
| <input type="checkbox"/> Call When Ready<br><input checked="" type="checkbox"/> Walk In<br><input type="checkbox"/> Mail Out | <input type="checkbox"/> Call If Problem<br><input type="checkbox"/> Will Wait   | <input checked="" type="checkbox"/> Pick Up                    |

Name \_\_\_\_\_  
Availability \_\_\_\_\_  
Document \_\_\_\_\_  
Examiner \_\_\_\_\_  
Updater \_\_\_\_\_  
Verifier \_\_\_\_\_  
W.P. Verifier \_\_\_\_\_

5/2/2014

CB

Order#:

Ref#: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

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1203 Governors Square Blvd, Suite 101, Tallahassee, FL, 3850-222-1092

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**Thank you!**

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| <input checked="" type="checkbox"/> Profit -<br><input type="checkbox"/> Nonprofit   | <input type="checkbox"/> Amendment   | <input type="checkbox"/> Merger                                |
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Name \_\_\_\_\_  
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Examiner \_\_\_\_\_  
Updater \_\_\_\_\_  
Verifier \_\_\_\_\_  
W.P. Verifier \_\_\_\_\_5/2/2014  
CBOrder#: \_\_\_\_\_  
Ref#: \_\_\_\_\_  
Amount: \$ \_\_\_\_\_

**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.*

Hurley Practice Management Services, Inc.

1. \_\_\_\_\_  
(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. Maryland 3. 52-2099871  
(State or country under the law of which it is incorporated) (FEI number, if applicable)  
4. 5/8/1998 5. Perpetual  
(Date of incorporation) (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. 6640 Pineview Terr, Bradenton, Florida 34203  
(Principal office address)  
6640 Pineview Terr, Bradenton, Florida 34203  
(Current mailing address)


8. All lawful business  
(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: Business Filings Incorporated  
Office Address: 515 E. Park Avenue  
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.*

 Mark Williams, AVP, Business Filings Incorporated

\_\_\_\_\_  
(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.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 MAY -2 AM 11:01

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

**A. DIRECTORS**

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

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

\_\_\_\_\_

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

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

\_\_\_\_\_

Director: Karen Hurley

Address: 6640 Pineview Terr, Bradenton, Florida 34203

\_\_\_\_\_

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

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

\_\_\_\_\_

**B. OFFICERS**

President: Karen Hurley

Address: 6640 Pineview Terr, Bradenton, Florida 34203

\_\_\_\_\_

Vice President: Karen Hurley

Address: 6640 Pineview Terr, Bradenton, Florida 34203

\_\_\_\_\_

Secretary: Karen Hurley

Address: 6640 Pineview Terr, Bradenton, Florida 34203

\_\_\_\_\_

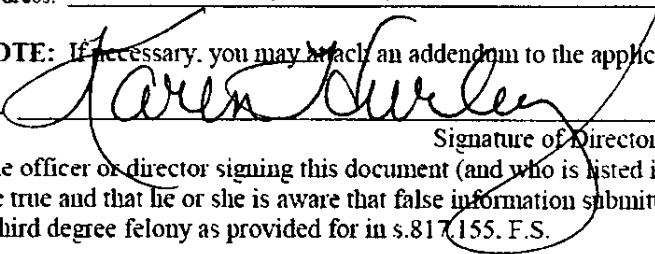
Treasurer: Karen Hurley

Address: 6640 Pineview Terr, Bradenton, Florida 34203

\_\_\_\_\_

**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. Karen Hurley, President

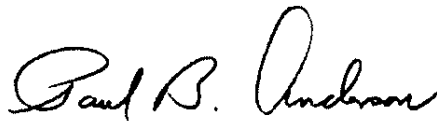
(Typed or printed name and capacity of person signing application)

**STATE OF MARYLAND**  
***Department of Assessments and Taxation***

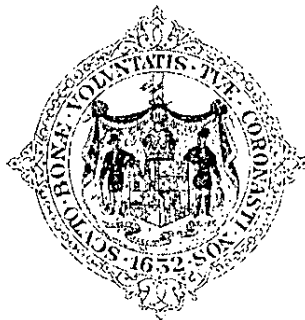
I, PAUL B. ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR THE RIGHTS OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT HURLEY PRACTICE MANAGEMENT SERVICES, INC., INCORPORATED MAY 08, 1998, IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS MAY 01, 2014.



Paul B. Anderson  
Charter Division



301 West Preston Street, Baltimore, Maryland 21201  
Telephone Balto. Metro (410) 767-1340 / Outside Balto. Metro (888) 246-5941  
MRS (Maryland Relay Service) (800) 735-2258 TT/Voice  
Fax (410) 333-7097