

F140000002969

(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



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TO AGENCIES
SUFFICIENCY OF FILING

2014 JUL -9 PM 4:18

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DIVISION OF CORPORATIONS
2014 JUL -9 PM 4:18

2014 JUL -9 AM 9:21

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DIVISION OF CORPORATIONS
2014 JUL -9 AM 9:21

B 7/14/14



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 209432 4321158

AUTHORIZATION

[Handwritten signature]

COST LIMIT : \$ 70.00

ORDER DATE : July 9, 2014

ORDER TIME : 3:14 PM

ORDER NO. : 209432-005

CUSTOMER NO: 4321158

FOREIGN FILINGS

NAME: SPRUCE PHYSICIANS, P.C.

XXXX QUALIFICATION (TYPE: PC)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Gray -- EXT# 62925

EXAMINER: _____



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 10, 2014

CSC
ATTN: EMILY GRAY

SUBJECT: SPRUCE PHYSICIANS, P.C.
Ref. Number: W14000042435

RESUBMIT
Please give original
submission date as file date.

We have received your document for SPRUCE PHYSICIANS, P.C. and the authorization to debit your account in the amount of \$. However, the document has not been filed and is being retained for the following:

Please add the suffix P.A. after P.C. in name.,

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.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 814A00014821

RECEIVED
DEPARTMENT OF STATE
14 JUL 11 PM 10:45

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Spruce Physicians, P.C.

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:

David Craig, M.D.

Name of Person

Spruce Physicians, P.C.

Firm/Company

116 New Montgomery Street, Suite 250

Address

San Francisco, CA 94105

City/State and Zip code

david@sprucehealth.com

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

For further information concerning this matter, please call:

David Craig, M.D.

at (410) 302-9502

Name of Person

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

**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. Spruce Physicians, P.C., 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

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

3. _____

(FEI number, if applicable)

4. January 10, 2014

(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. 116 New Montgomery Street, Suite 250, San Francisco, CA 94105

(Principal office address)

116 New Montgomery Street, Suite 250, San Francisco, CA 94105

(Current mailing address)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee

(City)

, Florida 32301

(Zip code)

9. **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)

10. 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.

14 JUL -9 AM 9:21

SECRET
DIVISION OF CORPORATE AFFAIRS

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Emily Gray

(Registered agent's signature)

Asst VP

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JUL -9 AM 9:21

STATE DEPT
DIVISION OF CORPORATE AFFAIRS

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

A. DIRECTORS

Chairman: David Craig, M.D.

Address: 116 New Montgomery Street, Suite 250, San Francisco, CA 94105

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: David Craig, M.D.

Address: 116 New Montgomery Street, Suite 250, San Francisco, CA 94105

Vice President: _____

Address: _____

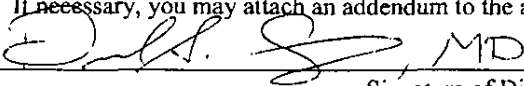
Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. 

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.

13. David Craig, M.D.

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

RECEIVED
JUL 9 AM 9:21
STATE DEPT OF HEALTH

State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

SPRUCE PHYSICIANS, P.C.

FILE NUMBER: C3633516
FORMATION DATE: 01/10/2014
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 June 27, 2014.

Debra Bowen

DEBRA BOWEN
Secretary of State