F14000003403



# Florida Department of State
## Division of Corporations
## Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000190959 3)))

H14000190959ABC5

**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

**Email Address:** _____

14 AUG 13 PM 1:32
SECRETARY OF STATE
TALLAHASSEE FLORIDA

APPROVED AND FILED

14 AUG 13 PM 2:22
TALLAHASSEE FLORIDA

**FLORIDA PROFIT/NON PROFIT CORPORATION**
**ASPIRE HEALTH MEDICAL PARTNERS, P.C., P.A.**

| | |
|---|---|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 05 |
| Estimated Charge | $70.00 |

Electronic Filing Menu Corporate Filing Menu Help



1/1

## COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Aspire Health Medical Partners, P.C., 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:

Cory A. Brown
Name of Person

Waller
Firm/Company

511 Union Street; Ste. 2700
Address

Nashville, TN 37219
City/State and Zip code

cory.brown@wallerlaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cory A. Brown at (615) 850-8782
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

APPROVED AND FILED

14 AUG 13 PM 1:32

SECRETARY OF STATE TALLAHASSEE, FLORIDA

**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. Aspire Health Medical Partners, 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. Tennessee
(State or country under the law of which it is incorporated)

3. N/A
(FEI number, if applicable)

4. February 21, 2014
(Date of incorporation)

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

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

7. 3310 West End Ave.; Ste. 590, Nashville, TN 37203-1260
(Principal office address)

3310 West End Ave.; Ste. 590, Nashville, TN 37203-1260
(Current mailing address)

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

Name: NRAI Services, Inc.

Office Address: 1200 S. Pine Island Rd.

Plantation, Florida 33324
(City) (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.***

NRAI Services, Inc.

By: Adrianne Rivera

Adrianne Rivera,
Special Assistant Secretary

(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.

APPROVED AND FILED

14 AUG 13 PM 1:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: Stephen A. Lasher, Jr., M.D.

Address: 3310 West End Ave.; Ste. 590
Nashville, TN 37203

Vice Chairman: N/A

Address:

Director: N/A

Address:

Director: N/A

Address:

B. OFFICERS

President: Stephen A. Lasher, Jr., M.D.

Address: 3310 West End Ave.; Ste. 590
Nashville, TN 37203

Vice President: N/A

Address:

Secretary: Stephen A. Lasher, Jr., M.D.

Address: 3310 West End Ave.; Ste. 590, Nashville, TN 37203

Treasurer: N/A

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. Stephen A. Lasher, Jr., M.D., Chairman & President
(Typed or printed name and capacity of person signing application)

APPROVED
AND
FILED

14 AUG 13 PM 1:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF TENNESSEE
Tre Hargett, Secretary of State
Division of Business Services
William R. Snodgrass Tower
312 Rosa L. Parks AVE, 6th Fl
Nashville, TN 37243-1102

CORY A. BROWN
STE. 2700
511 UNION STREET
NASHVILLE, TN 37219

August 12, 2014

Request Type: Certificate of Existence/Authorization
Request #: 0135924

Issuance Date: 08/12/2014
Copies Requested: 1

Document Receipt

Receipt #: 1607893 Filing Fee: $22.25

Payment-Credit Card - State Payment Center - CC #: 157707818 $22.25

Regarding: Aspire Health Medical Partners, P.C.
Filing Type: Corporation For-Profit - Domestic
Formation/Qualification Date: 02/21/2014
Status: Active
Duration Term: Perpetual
Business County: DAVIDSON COUNTY

Control #: 748411
Date Formed: 02/21/2014
Formation Locale: TENNESSEE
Inactive Date:

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

Aspire Health Medical Partners, P.C.

* is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above;

* has paid all fees, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;

* has appointed a registered agent and registered office in this State;

* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett
Secretary of State

Processed By: Cert Web User

Verification #: 008272225