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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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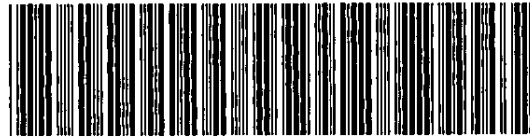
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATIONS
14 AUG 18 PM 2:30

8/22/14

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Lone Star Radiology & Cardiology PA
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:

Eric Gliniecki

Name of Person

Wimbledon Health Partners

Firm/Company

301 Yamato Rd Ste 1100

Address

Boca Raton FL 33431

City/State and Zip code

egliniecki@dxtesting.com

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

For further information concerning this matter, please call:

Eric Gliniecki

Name of Person

at (855) 200 8262

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. Lonestar Radiology & Cardiology, PA
(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. Texas 3. 47 1028503
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 5/27/14 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. 301 Yamato Rd Ste 1100 Boca Raton FL 33431
(Principal office address)

301 Yamato Rd Ste 1100 Boca Raton, FL 33431
(Current mailing address)

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

Name: Wimbledon Health Partners LLC

Office Address: 301 Yamato Rd Ste 1100
Boca Raton, Florida 33431
(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.


(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.

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DIVISION OF CORPORATIONS
1/13/14 PM 2:30

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: David Factor

Address: 301 Yamato Rd Ste 1100
Boca Raton FL 33431

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. David Factor
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 Factor David Factor president
(Typed or printed name and capacity of person signing application)

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697



Nandita Berry
Secretary of State

Office of the Secretary of State

CERTIFICATE OF FILING OF

Lonestar Radiology & Cardiology, PA
File Number: 802002331

The undersigned, as Secretary of State of Texas, hereby certifies that a Certificate of Formation for the above named Professional Association has been received in this office and has been found to conform to the applicable provisions of law.

ACCORDINGLY, the undersigned, as Secretary of State, and by virtue of the authority vested in the secretary by law, hereby issues this certificate evidencing filing effective on the date shown below.

The issuance of this certificate does not authorize the use of a name in this state in violation of the rights of another under the federal Trademark Act of 1946, the Texas trademark law, the Assumed Business or Professional Name Act, or the common law.

Dated: 05/27/2014

Effective: 05/27/2014



NANDITA BERRY

Nandita Berry
Secretary of State

Form 204
(Revised 06/11)

Submit in duplicate to:
Secretary of State
P.O. Box 13697
Austin, TX 78711-3697
512 463-5555
FAX: 512/463-5709
Filing Fee: \$750



This space reserved for office use.

Certificate of Formation
Professional Association

FILED
In the Office of the
Secretary of State of Texas

MAY 27 2014

Corporations Section

Article 1 – Entity Name and Type

The filing entity being formed is a professional association. The name of the entity is:

Forestar Radiology & Cardiology, PA

The name must contain the word "associated," "associates," "association," "professional association" or an abbreviation of one of these terms.

Article 2 – Registered Agent and Registered Office

(See instructions. Select and complete either A or B and complete C.)

☒ A. The initial registered agent is an organization (cannot be entity named above) by the name of:

National Registered Agents, Inc.

OR

☐ B. The initial registered agent is an individual resident of the state whose name is set forth below:

First Name M.I. Last Name Suffix

C. The business address of the registered agent and the registered office address is:

1999 Bryan St. Ste 900, Dallas TX 75201-4234
Street Address City State Zip Code

Article 3 – Governing Persons

Select either A or B. (A minimum of 1 individual is required.)

A. ☒ The professional association is to be managed by a board of directors. The names and addresses of the members who are to serve as initial directors are set forth below:

OR

B. ☐ The professional association is to be managed by an executive committee. The names and addresses of the members who are to serve on the executive committee are set forth below:

David Factor MD
First Name M.I. Last Name Suffix

301 Yamato Rd., Ste 1100 Boca Raton, FL 33431
Street or Mailing Address City State Zip Code Country
USA

First Name M.I. Last Name Suffix

Street or Mailing Address City State Zip Code Country

First Name M.I. Last Name Suffix

Street or Mailing Address City State Zip Code Country

Article 4 – Purpose

(Certain restrictions and limitations apply. See instructions.)

The type of professional service to be provided by the professional entity is:

medicine

Supplemental Provisions/Information

Text Area: [The attached addendum, if any, is incorporated herein by reference.]

Original Members

(Each member listed must sign the certificate of formation.)

The name and address of each original member of the association is:

David Factor MD
First Name M.I. Last Name Suffix

301 Yamato Rd, Ste 1100 Boca Raton FL 33431
Street or Mailing Address City State Zip Code Country
USA

First Name M.I. Last Name Suffix

Street or Mailing Address City State Zip Code Country

First Name M.I. Last Name Suffix

Street or Mailing Address City State Zip Code Country

Effectiveness of Filing (Select either A, B, or C.)

- A. ☒ This document becomes effective when the document is filed by the secretary of state.
- B. ☐ This document becomes effective at a later date, which is not more than ninety (90) days from the date of signing. The delayed effective date is: _____
- C. ☐ This document takes effect upon the occurrence of a future event or fact, other than the passage of time. The 90th day after the date of signing is: _____

The following event or fact will cause the document to take effect in the manner described below:

Execution

The undersigned affirms that the person designated as registered agent has consented to the appointment. The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument and certifies under penalty of perjury that the undersigned is authorized to execute the filing instrument.

Date: 4/25/14

David Factor
Signature of original member

DAVID FACTOR
Printed or typed name of original member

Signature of original member

Printed or typed name of original member

Signature of original member

Printed or typed name of original member