

F14000004268

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

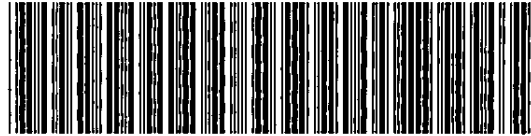
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10/9/14

140000051415

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Lonestar medical Group 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

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14 OCT - 6 PM 4:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 8, 2014

ERIC GLINIECKI  
301 YAMATO ROAD  
SUITE 1100  
BOCA RATON, FL 33431

SUBJECT: LONESTAR MEDICAL GROUP P.A.  
Ref. Number: W14000051415

FILED  
14 OCT -6 PM 4:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for LONESTAR MEDICAL GROUP P.A. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Florida law requires any business entity serving in the capacity of a registered agent to have an active registration or filing on our records.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Claretha Golden  
Regulatory Specialist II  
New Filing Section

Letter Number: 514A00019050

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14 OCT -6 PM 4:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

*see  
Corrected  
documents*

August 21, 2014

ERIC GLINIECKI  
301 YAMATO ROAD  
SUITE 1100  
BOCA RATON, FL 33431

SUBJECT: LONESTAR MEDICAL GROUP P.A.  
Ref. Number: W14000051415

14 SEP - 2 PM 4:06  
TALLAHASSEE, FLORIDA

RECEIVED

We have received your document for LONESTAR MEDICAL GROUP P.A. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

Florida law requires any business entity serving in the capacity of a registered agent to have an active registration or filing on our records.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Claretha Golden  
Regulatory Specialist II  
New Filing Section

Letter Number: 014A00018063

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

14 OCT - 6 PM 4:08

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**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 Medical Group, 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. 47-1121847  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 6/2/14 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. August 30, 2014  
(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 Road, Suite 1100, Boca Raton, FL 33431  
(Principal office address)  
301 Yamato Road, Suite 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)

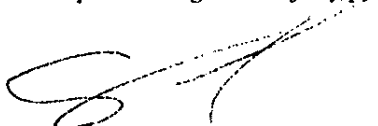
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**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.

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. Daniel Factor

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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



Nandita Berry  
Secretary of State

## Office of the Secretary of State

### Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Lonestar Medical Group, PA (file number 802006797), a Professional Association, was filed in this office on June 02, 2014.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on October 01, 2014.



*NANDITA BERRY*

Nandita Berry  
Secretary of State

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14 OCT -6 PM 4:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Phone: (512) 463-5555  
Prepared by: SOS-WEB

Come visit us on the internet at <http://www.sos.state.tx.us/>  
Fax: (512) 463-5709  
TID: 10264

Dial: 7-1-1 for Relay Services  
Document: 570848260003