

F15000002813

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6/29/15

## COVER LETTER

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

**SUBJECT:** Recovery Partners, 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:

Lauren Paulbick

Name of Person

Hazelden Betty Ford Foundation

Firm/Company

15251 Pleasant Valley Road, Mailstop BC 8

Address

Center City, Minnesota 55012

City/State and Zip code

lpaulbick@hazeldenbettyford.org

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

For further information concerning this matter, please call:

Lauren Paulbick

Name of Person

at ( 651 ) 213-4021

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 26, 2015

LAUREN PAULBICK  
15251 PLEASANT VALLEY RD., BC 8  
CENTER CITY, MN 55012

SUBJECT: RECOVERY PARTNERS, P.C.  
Ref. Number: W15000036794

We have received your document for RECOVERY PARTNERS, P.C. 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 name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

The name and document number of conflict is, "M05000005686 - RECOVERY PARTNERS, LLC".

The only acceptable words for designation as a professional association are PROFESSIONAL ASSOCIATION, P.A., and CHARTERED.

Please return 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.

Carol Mustain  
Regulatory Specialist II

Letter Number: 015A00010987

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. Recovery Partners, P.C.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

Recovery Partners (FL), P.A.

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

(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. 39000 Bob Hope Drive, Rancho Mirage, California 92270

(Principal office address)

15251 Pleasant Valley Road, Mailstop BC8, Center City, MN 55012

(Current mailing address)

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation

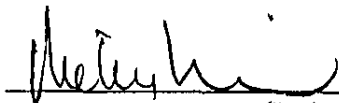
(City)

, Florida 33324

(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.*



Michele Miller  
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.

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FILED

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

**A. DIRECTORS**

Chairman: N/A

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

Vice Chairman: N/A

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

Director: Marvin Seppala, M.D.

Address: 15251 Pleasant Valley Road, Mail Stop BC 8

Center City, Minnesota 55012

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

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

**B. OFFICERS**

President: Marvin Seppala, M.D.

Address: 15251 Pleasant Valley Road, Mail Stop BC 8

Center City, Minnesota 55012

Vice President: James Steinhagen

Address: 39000 Bob Hope Drive

Rancho Mirage, California 92270

Secretary: James A. Blaha

Address: 15251 Pleasant Valley Road, Mail Stop BC 8, Center City, MN 55012

Treasurer: Marvin Seppala, M.D.

Address: 15251 Pleasant Valley Road, Mail Stop BC 8, Center City, MN 55012

**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. MARVIN D. SEPPALA, MD

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

**State of California**  
**Secretary of State**

**CERTIFICATE OF STATUS**

**ENTITY NAME:**

RECOVERY PARTNERS, P.C.

**FILE NUMBER:** C3706121  
**FORMATION DATE:** 08/27/2014  
**TYPE:** DOMESTIC CORPORATION  
**JURISDICTION:** CALIFORNIA  
**STATUS:** ACTIVE (GOOD STANDING)

I, ALEX PADILLA, 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 May 07, 2015.

ALEX PADILLA  
Secretary of State