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TALLAHASSEE, FLORIDA

OCT 19 2015

J SHIVERS

647



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 15, 2015

NICOLE SMITH
329 PARK AVENUE N SECOND FLOOR
WINTER PARK, FL 32789

SUBJECT: DISCOVERY PRACTICE MANAGEMENT, INC
Ref. Number: W15000068539

We have received your document for DISCOVERY PRACTICE MANAGEMENT, INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 415A00021858

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Discovery Practice Management, Inc.

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:

Nicole C. Smith, Esq.

Name of Person

Winderweedle, Haines, Ward & Woodman, P.A.

Firm/Company

329 Park Avenue North, Second Floor

Address

Winter Park, Florida 32789

City/State and Zip code

tim.davis@centerfordiscovery.com

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

For further information concerning this matter, please call:

Nicole C. Smith

407

246.8663

at ()

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration 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. Discovery Practice Management, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
2. (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
California 954628972
3. (State or country under the law of which it is incorporated)
April 2, 1997 (FBI number, if applicable)
4. (Date of incorporation) 5. Perpetual (Date of duration, if other than 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. 4281 Katella Avenue, Suite 111, Los Alamitos, California 90720
(Principal office address)
- (Current mailing address, if different)

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

Name: WHW, Inc.
Office Address: 390 North Orange Avenue, Suite 1500
Orlando, Florida 32801
(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.



VP
(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: Craig M. Brown, M.D.

Address: 4281 Katella Avenue, Suite 111

Los Alamitos, California 90720

Vice Chairman:

Address:

Director:

Address:

Director:

Address:

B. OFFICERS

President: Craig M. Brown, M.D.

Address: 4281 Katella Avenue, Suite 111

Los Alamitos, California 90720

Vice President:

Address:

Secretary: David Malm

Address: 950 Winter Street, Suite 4200, Waltham, Massachusetts 02451

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 11 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.

Craig M. Brown

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

FILED
15 OCT 16 AM 9:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

State of California

Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

DISCOVERY PRACTICE MANAGEMENT, INC.

FILE NUMBER: C1981812
FORMATION DATE: 04/02/1997
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 October 01, 2015.

A handwritten signature in cursive script, appearing to read 'Alex Padilla'.

ALEX PADILLA
Secretary of State