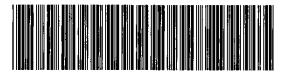
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(Req	uestor's Name)
(Add	ress)	
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(City)	/State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
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(Doc	ument Number)
Certified Copies	Certificate	s of Status
Special Instructions to Fi	iling Officer:	

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OCT 19 2015 J SHIVERS





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.

Letter Number: 415A00021858

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

www.sunbiz.org

COVER LETTER

TO:		tration Se	ction porations				
SUBJI	ዮፖጉ.	Discover	y Practice Manager	nent, Inc.			
SUBJ	ECI:		Name	of corporatio	n - mus	t include suffix	
Dear S	ir or M	adam:					
"Certif	icate o	f Existenc		e of Good Sta	unding"	and check are sul	ct Business in Florida," omitted to register the
Please Nicole			pondence concerr	ning this matte	er to the	following:	
	,			Name of	Person		
Winder	weedle	Haines, V	Vard & Woodman,	P.A.			
		_		Firm/Co	прапу		
329 Par	rk Aven	ue North,	Second Floor				
				Add	ress		
Winter	Park, F	lorida 3278	39				
	.:	.		City/State	and Zip	code	
tim,dav	ris@cen	terfordisco	very.com		-		
	<u></u>		E-mail addres	s: (to be used	for fut	re annual report	notification)
For fur	ther in	formation	concerning this r	natter, please	call:		
Nicole (C. Smit	h		407	246	5.8663	
	Name	of Perso	n	Area Co) de	Daytime Telep	hone Number
	STRE	ET/COL	RIER ADDRES	:S-		MAILING A	DDRFSS-
		tration Se				Registration S	
Division of Corporations			Division of Corporations				
Clifton Building 2661 Executive Center Circle			P.O. Box 6327 Tallahassee, FL 32314				
		assee, FL				i amamassee, p	L 32314
Enclose	ed is a	check for	the following am	ount:			
\$ 70.	.00 Fili	ng Fee	Certificate			75 Filing Fee & fied 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.

California	•	adopted for the purpose of transacting business in Florida) 954628972	
(State or country under the law of which it is incorporated)		(FEI number, if applicable)	
A		Thomas at an I	
(Date	of incorporation) 5.	(Date of duration, if other than perpetual)	
N/A			
	·	pal office address)	
	(Princi (Current maili t address of Florida registered agent: (P.	pal office address) ng address, if different)	
	nue, Suite 111, Los Alamitos, Cafifornia 9072 (Princi (Current maili	pal office address) ng address, if different)	
Name and stree Name:	(Princi (Current maili t address of Florida registered agent: (P.	pal office address) ng address, if different)	
Name and stree	(Princi (Current maili t address of Florida registered agent: (P. WHWW, Inc. 390 North Orange Avenue, Suite 1500	pal office address) ng address, if different)	

(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.

A. DIRECTORS		
4281 Katella Avenue, Suite 111		
Los Alamitos, California 90720		
ice Chairman:		
ddress:		
Pirector:		
ddress-		
Pirector.		
ddress:		
	To State	
. OFFICERS	L AR	5 00
Craig M. Brown, M.D.	SVE	<u> </u>
4281 Katella Avenue, Suite 111	SF	5
Los Alamitos, California 90720		- X
ice President:	7.0	1.4:
ddress:	∵	
David Malm ecretary:		
950 Winter Street, State 4200, Waltham, Massachusetts 02451 ddress:		
reasurer:		
ddress:		
OTE: If necessary, you may attach an addendum to the application	nsung additional Gitteers addies directors.	

13. CRAG W. Blown
(Typed or printed name and capacity of person signing application)

a third degree felony as provided for in s.817.155, F.S.

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.

ALEX PADILLA Secretary of State