Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H150002612193)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)205-8842 Fax Number : (850)878-5368

Enter the email address for this business entity to be used for fugurer annual report mailings. Enter only one email address please *

Email Address:

FOREIGN PROFIT/NONPROFIT CORPORATION

Hospitalists Now, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$70.00

NOV 0 3 2015

S. YOUNG

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Corporate Filing Menu

Help

COVER LETTER

TO: Registration (
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SUBJECT: Hospita	· · · · · · · · · · · · · · · · · · ·	stion - must include suffix			
	ramo or corpor	anon - mast metade suffix			
Dear Sir or Madam:					
"Certificate of Existen	nce," or "Certificate of Good	Name of corporation - must include suffix In by Foreign Corporation for Authorization to Transact Business in Florida," "or "Certificate of Good Standing" and check are submitted to register the corporation to transact business in Florida. Indence concerning this matter to the following: Name of Person Pirm/Company Address City/State and Zip code E-mail address: (to be used for future annual report notification) Incerning this matter, please call: at			
Please return all corre	spondence concerning this m	atter to the following:			
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For further information		-			
	in concerning this matter, pro-	No carr.			
	. at ()			
Name of Pers	on Area (Code Daytime Telep	ohone Number		
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STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle		Registration S Division of C P.O. Box 632	Registration Section Division of Corporations P.O. Box 6327		
Tallahassee, Fl		i ariandssee, ('ш <i>343</i> 14		
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	S87.50 Fili Certificate Certified (of Status	. &

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

(Enter name of	corporation; must include "INCORPORATED," " Corp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION,"	
(If name unavai	lable in Florida, enter alternate corporate name ado	pted for the purpose of transacting bus	ness in Florida)
2. Delaware		-3070731	
(State or count July 25, 2008	ry under the law of which it is incorporated)	(FEI number, if applicab	
(Dat	of incorporation)	(Date of duration, if other than p	erpetual)
	(Date first transacted business in Fl (SEE SECTIONS 607.1501 & 607.1502, se, Suite 12, Harlingen, TX 78550-3228		***************************************
		office address)	75. 75.
. Name and <u>stre</u>	(Current mailing address, if different) Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable) Name: C T Corporation System		NOV -2 M RETARY OF S AHASSEE, III
Office Address:	1200 South Pine Island Road Plantation, FL 33324		N 9: 49 STATE LORIDA
	(City)	_, Florida(Zip code)	
laving been name designated in this arther agree to c	ent's acceptance: sed as registered agent and to accept service of application, I hereby accept the appointment omply with the provisions of all statutes relations and accept the obligations of my CT Corporation Syste	t as registered agent and agree to d tive to the proper and complete per y position as registered agent.	ect in this capacity.
	Comie Buya	Connie Bryan	•

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: Vice Chairman: Address: Director: See attached list of Directors Address: Address: Director: B. OFFICERS President: Michael Gonzales Address: 512 Victoria Lane, Suite 12, Harlingen, TX 78550-3228 Secretary: Michael Gonzales Address: 512 Victoria Lane, Suite 12, Harlingen, TX 78550-3228 Treasurer: Barry Fromberg, CFO Address: 512 Victoria Lane, Suite 12, Harlingen, TX 78550-3228 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 1) 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 \$.817.155, F.S. 13. Barry Fromberg, CFO

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

11/2/2015 10:18:36 AM From: To: 8506176383(5/6)

Attachment to Application by Foreign Corporation for Authorization to Transact Business in Florida

A. DIRECTORS

Director:

Michael Gonzales

512 Victoria Lane, Suite 12 Harlingen, TX 78550-3228

Director:

Barry Fromberg

512 Victoria Lane, Suite 12 Harlingen, TX 78550-3228

Director:

Kevin Lalande

512 Victoria Lane, Suite 12 Harlingen, TX 78550-3228

Director:

Lew Little

512 Victoria Lane, Suite 12 Harlingen, TX 78550-3228

Director:

Evan Melrose

512 Victoria Lane, Suite 12 Harlingen, TX 78550-3228 15 NOV -2 AM 9: 49
SECRETARY OF STATE
AND ANASSEE, FLORIDA

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "HOSPITALISTS NOW, INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE THIRTIETH DAY OF OCTOBER, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

15 NOV -2 AM 9: 49
SECRETARY OF STATE
AHASSEE, FLORIDA

4580138 8300 SR# 20150720800

You may verify this certificate online at corp.delaware.gov/authver.shtml

Jailton W. Bullock: Bocardary of States

Authentication: 10334598

Date: 10-30-15