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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DEC 17 2015

Y SULKER

115-79716

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** KENTUCKY MEDICAL SERVICES, PSC

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

7000 W PALMETTO PARK RD, SUITE 205

Address

BOCA RATON, FL 33433

City/State and Zip code

CREDENTIALING@DXTESTING.COM

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

For further information concerning this matter, please call:

TIM O'NEIL

Name of Person

at ( 855 )

Area Code

200-8262 EXT: 1401

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 10, 2015

ERIC GLINIECKI  
7000 W PALMETTO PARK RD SUITE 205  
BOCA RATON, FL 33433 US

SUBJECT: KENTUCKY MEDICAL SERVICES, PSC  
Ref. Number: W15000079716

We have received your document for KENTUCKY MEDICAL SERVICES, PSC 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 must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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) 245-6051.

Yasemin Y Sulker  
Regulatory Specialist II

Letter Number: 715A00025879

**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. KENTUCKY MEDICAL SERVICES, PSC, INC**

(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. KENTUCKY**

(State or country under the law of which it is incorporated)

**3. 47-5663400**

(FEI number, if applicable)

**4. 11/3/2015**

(Date of incorporation)

**5. PERPETUAL**

(Date of duration, if other than perpetual)

**6.**

(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

**7. 3945 PEPPERTREE DRIVE, LEXINGTON, KY 40513**

(Principal office address)

**7000 PALMETTO PARK ROAD, SUITE 205, BOCA RATON, FL 33433**

(Current mailing address, if different)

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

Name: **WIMBLEDON HEALTH PARTNERS**

Office Address: **7000 W PALMETTO PARK RD, SUITE 205**

**BOCA RATON**

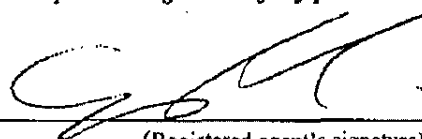
(City)

, Florida **33433**

(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.*



(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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15 DEC 16 PM 3:27  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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

**A. DIRECTORS**Chairman: THOMAS DISESSAAddress: 3945 PEPPERTREE DRIVELEXINGTON, KY 40513

Vice Chairman: \_\_\_\_\_

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

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

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

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

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

**B. OFFICERS**President: THOMAS DISESSAAddress: 3945 PEPPERTREE DRIVELEXINGTON, KY 40513

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. Thomas Dissessa

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. THOMAS DISESSA

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

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RECEIVED  
FLORIDA  
DEPARTMENT OF STATE

**Commonwealth of Kentucky**  
**Alison Lundergan Grimes, Secretary of State**

Alison Lundergan Grimes  
Secretary of State  
P. O. Box 718  
Frankfort, KY 40602-0718  
(502) 564-3490  
<http://www.sos.ky.gov>

**Certificate of Existence**

Authentication number: 170571

Visit <https://app.sos.ky.gov/ftshow/certvalidate.aspx> to authenticate this certificate.

I, Alison Lundergan Grimes, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

**KENTUCKY MEDICAL SERVICES, PSC**

is a professional service corporation duly organized and existing under KRS Chapter 14A and KRS Chapter 274, whose date of organization is November 3, 2015 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that articles of dissolution have not been filed; and that the most recent annual report required by KRS 274.105 and KRS 14A 6-010 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 30<sup>th</sup> day of November, 2015, in the 224<sup>th</sup> year of the Commonwealth.



*Alison Lundergan Grimes*

Alison Lundergan Grimes  
Secretary of State  
Commonwealth of Kentucky  
170571/0936094