



## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** California Coastal Medical, PC

\_\_\_\_\_  
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 West Palmetto Park Road, 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

855

200-8262 ext 1001

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 6, 2016

ERIC GLINIECKI  
7000 WEST PALMETTO PARK ROAD SUITE 205  
BOCA RATON, FL 33433 US

SUBJECT: CALIFORNIA COASTAL MEDICAL PC  
Ref. Number: W15000079330

We have received your document for CALIFORNIA COASTAL MEDICAL PC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

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.

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 "

Letter Number: 115A00025777

F. 850-245-6030

**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. California Coastal Medical, PC, 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. California 3. 47-1272710  
(State or country under the law of which it is incorporated) (FEI number, if applicable)  
4. 6/13/2014 5. Perpetual  
(Date of incorporation) (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. 818 W. Seventh St., Los Angeles, CA 90017  
(Principal office address)  
7000 West 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 LLC  
Office Address: 7000 West Palmetto Park Road, Suite 205  
Boca Raton, Florida 33433  
(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.*

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

FILED  
16 JAN 9 PM 4:47  
TALLAHASSEE, FLORIDA

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

**A. DIRECTORS**

Chairman: Andrew J. McDonnell  
Address: 7476 Iradell Road  
Trumansburg, NY 14886

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

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

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

**B. OFFICERS**

President: Andrew J. McDonnell  
Address: 7476 Iradell Road  
Trumansburg, NY 14886

Vice President: \_\_\_\_\_  
Address: \_\_\_\_\_

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

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

RECEIVED  
16 JAN 19 PM 4:47  
MILWAUKEE COUNTY  
CLERK OF COURTS

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. *Andrew McDonnell*  
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. Andrew J. McDonnell, Owner  
(Typed or printed name and capacity of person signing application)

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

CERTIFICATE OF STATUS

ENTITY NAME:

CALIFORNIA COASTAL MEDICAL, PC

FILE NUMBER: C3685242  
FORMATION DATE: 06/13/2014  
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 April 08, 2015.

ALEX PADILLA  
Secretary of State