

F16000003698

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

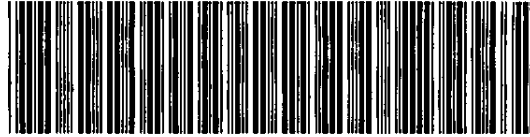
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/17/16--01013--009 **78.75

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16 AUG 17 AM 10:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8/18

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SURGICAL PRACTICE RESOURCE GROUP, 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:
STEPHEN E. ROTH

Name of Person
SURGICAL PRACTICE RESOURCE GROUP, INC.
Firm/Company
PO BOX 489
Address
LADY LAKE FL 32159-3185
City/State and Zip code
Sroth@sprgroup.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

STEPHEN E. ROTH	352	775-6348
_____	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:

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> \$70.00 Filing Fee | <input checked="" type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input type="checkbox"/> \$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. SURGICAL PRACTICE RESOURCE GROUP, 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)

DELAWARE

47-3954014

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

3. _____
(FEI number, if applicable)

04/07/2105

4. _____
(Date of incorporation)

5. _____
(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)

363 FENNEL BLVD, LADY LAKE, FL 32159-3185

7. _____
(Principal office address)

PO BOX 489, LADY LAKE, FL 32158-0489

(Current mailing address, if different)

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

Name: C T CORPORATION SYSTEM

Office Address: 1200 S PINE ISLAND RD

PLANTATION

(City)

33324

(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.



Michele Holden, Assistant Secretary

(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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CLERK OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: FRANCESCO SICCARDI

Address: 363 FENNELL BLVD, LADY LAKE, FL 32159-3185

Vice Chairman:

Address:

Director:

Address:

Director:

Address:

B. OFFICERS

President: FRANCESCO SICCARDI

Address: 363 FENNELL BLVD, LADY LAKE, FL 32159-3185

Chief Operating Officer: STEPHEN E. ROTH

Address: 363 FENNELL BLVD, LADY LAKE, FL 32159-3185

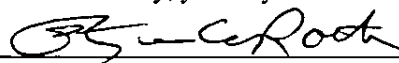
Secretary: STEPHEN E. ROTH

Address: 363 FENNELL BLVD, LADY LAKE, FL 32159-3185

Treasurer: FRANCESCO SICCARDI

Address: 363 FENNELL BLVD, LADY LAKE, FL 32159-3185

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. Stephen E. Roth, Chief Operating Office & Secretary

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

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TALLAHASSEE, FLORIDA
DEPARTMENT OF STATE

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "SURGICAL PRACTICE RESOURCE GROUP,
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 EIGHTEENTH DAY OF
JULY, A.D. 2016.



5705411 8300

SR# 20164906640

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

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 202671691

Date: 07-18-16