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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 205-9842
Fax Number : (850) 878-5368

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

Email Address: _____

**FOREIGN PROFIT/NONPROFIT CORPORATION
UNIVERSITY HOSPITALS PHYSICIAN SERVICES, INC.**

Certificate of Status	0
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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: University Hospitals Physician Services, Inc.

Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not-for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Michael Fuchs, Associate General Counsel

Name of Person

University Hospitals Health System, Inc.

Firm/Company

3605 Warrensville Center Road

Mailstop 9110

Address

Shaker Heights, Ohio 44122

City/State and Zip Code

Michael.Fuchs@UHhospitals.org

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

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 TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Julia Lawrence

216

767-8854

Name of Person

at ()

Area Code

Daytime Telephone Number

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

1. University Hospitals Physician Services, Inc.
(Name of corporation; must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Ohio 3. 34-1768929
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. April 6, 1994 5. Perpetual
(Date of incorporation) (Date of duration, if other than perpetual)

6. (Date first conducted affairs in Florida if prior to registration. See sections 617.1561 & 617.1502, F.S. to determine penalty liability.)

7. 3605 Warrensville Center Road, Mailstop 9110, Shaker Heights, Ohio 44122
(Principal office address)

(Current mailing address, if different)

8. Medical corporation
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

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

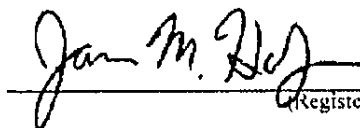
Name: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation Florida 33324
(City) (Zip Code)

10. 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.



James M. Halpin
Assistant Secretary

(Registered agent's signature)

11. 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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ALLIANCE FLORIDA

12. Names and addresses of officers and/or directors

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____
_____**B. OFFICERS**

President: Cliff Megerian, M.D.

Address: 11100 Euclid Avenue, Suite 3300 A

Cleveland, Ohio 44106

Vice President: Paul Tait

Address: 3605 Warrensville Center Road

Shaker Heights, Ohio 44122

Secretary: Michael Szubski

Address: 3605 Warrensville Center Road, Shaker Heights, Ohio 44122

Treasurer: Michael Szubski

Address: 3605 Warrensville Center Road, Shaker Heights, Ohio 44122

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.13. _____
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Cliff Megerian, M.D., President

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

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**ADDENDUM TO APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION
FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

University Hospitals Physician Services, Inc.

Continuation of Section 12.B Officers

Vice President: Jeffrey Peters, M.D.

Address: 3605 Warrensville Center Road, Shaker Heights, Ohio 44122

Vice President: Steven Standley

Address: 3605 Warrensville Center Road, Shaker Heights, Ohio 44122

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TALLAHASSEE, FLORIDA

UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show UNIVERSITY HOSPITALS PHYSICIAN SERVICES, INC., an Ohio not for profit corporation, Charter No. 869093, having its principal location in Cleveland, County of Cuyahoga, was incorporated on April 6, 1994 and is currently in GOOD STANDING upon the records of this office.



Witness my hand and the seal of the
Secretary of State at Columbus, Ohio
this 30th day of September, A.D.
2016.

Jon Husted

Ohio Secretary of State

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SECRETARY OF STATE
TALLMADGE, OHIO

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