

F160000004506

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

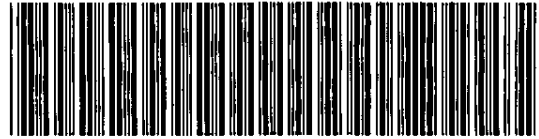
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SHORETOWN OF STATE
TALLAHASSEE, FLORIDA

K. SALY
OCT -7 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INDEPENDENCE MEDICAL SERVICES P.C.

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:

ERIC GLINIECKI

855

200.8262 ext 1401

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

**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. INDEPENDENCE MEDICAL SERVICES PC, INC
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp," "Inc.," "Co.," or "Corp.")
2. PENNSYLVANIA 3. 81-3477055
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 8/31/2016 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. 1 INTERNATIONAL PLAZA SUITE 550, PHILADELPHIA, PA, 19113
(Principal office address)
- 7000 W PALMETTO PARK RD 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 W PALMETTO PARK RD, 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.

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: AMJAD SAFVI, MD
208 LASALLE STREET SUITE 214
Address: CHICAGO, IL 60604

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: AMJAD SAFVI, MD
208 LASALLE STREET SUITE 214
Address: CHICAGO, IL 60604

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. 
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. AMJAD SAFVI, MD

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

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

09/30/2016

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

Independence Medical Services P.C.

is duly registered as a Pennsylvania Professional Corporation under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Pedro A. Contes

Secretary of the Commonwealth

Certification Number: TSC160930110759-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify.aspx>