

Florida Department of State  
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Account Number : 075500004387  
Phone : (813)229-7600  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: cnethero@slk-law.com

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TALLAHASSEE, FLORIDA

**FOREIGN PROFIT/NONPROFIT CORPORATION**

**Spectrum Medical Partners Holdings, Inc.**

Certificate of Status	0
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TALLAHASSEE, FLORIDA

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APR 14 2017

4/11/2017

**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. Spectrum Medical Partners Holdings, 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. Delaware 3. 82-0716794  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 02/28/2017 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)

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

7. 5550 W. Executive Drive, Suite 230, Tampa, Florida 33609  
(Principal office address)
- 5550 W. Executive Drive, Suite 230, Tampa, Florida 33609  
(Current mailing address, if different)

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

Name: Christina C. Nethero, Esq.  
Office Address: c/o Shumaker Loop & Kendrick LLP  
101 E. Kennedy Boulevard, Suite 800  
Tampa, Florida 33602  
(City) (Zip code)

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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.*

Christina C. Nethero  
(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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## 11. Names and business addresses of officers and/or directors:

## A. DIRECTORS

- Director: Phillip S. Dingle  
5550 W. Executive Drive, Suite 230  
Address: Tampa, Florida 33609
- Director: Scott Heberlein  
5550 W. Executive Drive, Suite 230  
Address: Tampa, Florida 33609
- Director: Krishan Nagda, M.D.  
917 Rinehart Road, Suite 1051  
Address: Lake Mary, FL 32746
- Director: Eric Luetkemeyer  
917 Rinehart Road, Suite 1051  
Address: Lake Mary, FL 32746

## B. OFFICERS

- President: Krishan Nagda, M.D. - President and Chief Executive Officer  
917 Rinehart Road, Suite 1051  
Address: Lake Mary, FL 32746
- Vice President: \_\_\_\_\_  
Address: \_\_\_\_\_
- Secretary: Winston Haydon - Chief Financial Officer, Secretary and Treasurer  
5550 W. Executive Drive, Suite 230, Tampa, FL 33609  
Address: Eric Luetkemeyer - Chief Operating Officer
- COO: 917 Rinehart Road, Suite 1051, Lake Mary, FL 32746  
Address: \_\_\_\_\_

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

12. [Signature] \_\_\_\_\_  
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.817.135, F.S.

13. Winston Haydon, Secretary  
\_\_\_\_\_  
(Typed or printed name and capacity of person signing application)

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# Delaware

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The First State

I, **JEFFREY W. BULLOCK**, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "SPECTRUM MEDICAL PARTNERS HOLDINGS,  
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 TWENTY-SECOND DAY OF  
MARCH, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES  
HAVE BEEN ASSESSED TO DATE.

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TALLAHASSEE, FLORIDA



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You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

  
Jeffrey M. Bullock, Secretary of State

Authentication: 202244624

Date: 03-22-17

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