Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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Account Number : FCA000000023 Phone : (512)418-6949 Fax Number : (954)208-0845

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Email Address:

FOREIGN PROFIT/NONPROFIT CORPORATION

Carena Medical Providers, P.S. Inc

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Electronic Filing Menu

Corporate Filing Menu

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APR 2 5 2017

Y SULKER

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.

(Enter name of	f corporation: must inclu "Corp." "Inc." "Co," or	ade "INCORPORAT "Corp.")	ED," "COMPAN"	Y." "CORPOR	ATION,"	
(If name unava	silable in Florida, enter s	alternate corporate n	ame adopted for th	e purpose of tra	reacting business	in Florida)
Washington			3. 20-2449	153	*	
(State or cour	ntry under the law of wh	ich it is incorporated	1)	(FEI numbe	r, if applicable)	
02/24/2005			5 Perpenual		٠.	
. (Da	ate of incorporation)	` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	(Da	te of duration, if	other than perpe	tual)
Upon Qualific	ation			· .	••	
	(Date f	irst transacted busine IONS 607.1501 & 60	ess in Florida, if pri 07.1502, F.S., to de	ior to registratio termine penalty	n) Jiability)	
999 3rd Avenue	c, Suite 680, Seattle, W.	A 98104	٠.	•		
		. (Pr	incipal office addi-	:ss)		
same			7,2%	**	×	17
Nume and str	vet address of Florida		oailing address, it'd			
. Trunic and ser	Section 53 Of Front	registered agent.	(I.O. DOX INOT			233
Name:	C T Corporation Sy	vstem				
office Address:	1200 South Pine Isl	land Road				
	Diamentan					- 1
	Plantation	(City)	Florid	a <u>33324</u> (Zip code)	 -	
				(4,,		
	gent's acceptance: <i>med as registered age</i>	ent and to accept s	ervice of process	for the above	stated corpora	tion ut the blo
esignated in thi	is application, I herel comply with the prov	by accept the appo	intment as regis	tered agent an	d agree to act i	in this capacit
	familiar with and ac					
	C T Corporatio	on System	0.0	,		
			arisel (inthin !		
	By:		_	• "		

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.



A. DIRECTORS SEE ATTACHMENT						
Chairman:						
address:		n er ermanisamer forer sammer er er er er er er skrive skriven	······································			
fice Chairman:						
Address:						
uddress:					·	
Director:						
Address:						
	1/1	,				
Director:	•		•	. •	•,	
Address:						
. OFFICERS						
President: Steven Creelman, MD						ما عمله
resident: Steven Creehman, MD Address: 999 3rd Avenue, Suite 680	the gall that the gall gamps to see an immediately		· · · · · · · · · · · · · · · · · · ·		7	
resident: Steven Creehman, MD Address: 999 3rd Avenue, Suite 680 Seattle, WA 98104					7 FA	
President: Steven Creehman, MD Address: 999 3rd Avenue, Suite 680 Seattle, WA 98104 //ice President:					7	
resident: Steven Creehman, MD Address: 999 3rd Avenue, Suite 680 Seattle, WA 98104					7 20 20	
Address: Steven Creehman, MD Address: 999 3rd Avenue, Suite 680 Seattle, WA 98104 Vice President:					7 4 20 20	
ddress: 999 3rd Avenue, Suite 680 Seattle, WA 98104 lice President: ddress:				5	7 48 50 50 60 60 60 60 60 60 60 60 60 60 60 60 60	
resident: Steven Creelman, MD .ddress: 999 3rd Avenue, Suite 680 Seattle, WA 98104 fice President:					74224 1478	
resident: Steven Creelman, MD ddress: 999 3rd Avenue, Suite 680 Seartle, WA 98104 lice President: ddress: ecretary: Julie Smith ddress: 999 3rd Avenue, Suite 680, Seattle, WA 98104					74224 1478	
resident: Steven Creehman, MD Address: 999 3rd Avenue, Suite 680 Seattle, WA 98104 Gice President:					74224 1478	

13. Matthew Thorne Treasurer
(Typed or printed name and capacity of person signing application)

Attachment to Florida Officers & Directors

Full Name:

Officer/Director:

Officer's Title:

Director's Title:

Business Address:

City:

State:

ZIP Code:

Full Name: ...

Officer/Director:

Officer's Title:

Director's Title:

Business Address:

City:

State:

ZIP Code:

Robert Bernstein

Director

Director

999 3rd Avenue. Suite 680

Seattle 1.

WA ...

98104

Timothy Panek

Director

Director

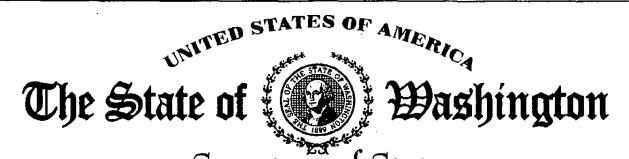
999 3rd Avenue, Suite 680

Seattle

WA ...

98104

- FEET 2



Secretary of State

I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE OF CARENA MEDICAL PROVIDERS, P.S.

I FURTHER CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 2/24/2005.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest and penalties owed to this state and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Date: April 24, 2017

UBI: 602-476-731

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Kim Wyman, Secretary of State

