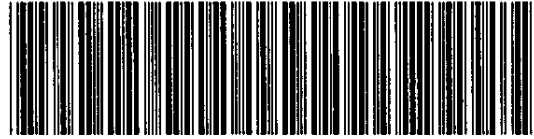


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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:
PC W17-90615

Office Use Only

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. WARREN
FEB 15 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 14, 2017

PAUL C. BALDWIN III, MD
8314 HIDDEN LAKE DRIVE SOUTH
JACKSONVILLE, FL 32216

SUBJECT: PAUL CLAY BALDWIN, III, M.D., P.C.
Ref. Number: W17000090615

We have received your document for PAUL CLAY BALDWIN, III, M.D., P.C. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law does not provide for the recognition of a foreign professional corporation. An acceptable corporate suffix will need to be added to your entity name for this Department to accept and file your document.

NAME ON LINE 1 MUST MATCH CERTIFICATE PAUL CLAY BALDWIN, III, M.D., P.C. THEN ADD AN ADDITIONAL SUFFIX TO THAT TO MEET STATUTORY REQUIREMENTS,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Warren
Regulatory Specialist II

Letter Number: 317A00023012

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PAUL CLAY BALDWIN, III, MD, PC CORP.
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:

PAUL C. BALDWIN, III, MD
Name of Person
PAUL CLAY BALDWIN, III, MD, PC CORP
Firm/Company
8660 NATHANS COVE COURT
Address
JACKSONVILLE, FL 32256
City/State and Zip code
PAUL.C.BALDWIN@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PAUL C. BALDWIN, III, MD at (860) 933-6034
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

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FEB 14 2018

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

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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANACT BUSINESS IN THE STATE OF FLORIDA.

1. PAUL CLAY BALDWIN, III, MD, PC CORP
(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. GEORGIA 3. 82-2356384
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 05/30/2017 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. 10/16/2017
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 4689 HIGHWAY US 17; SUITE 11; FLEMING ISLAND, FL 32003
(Principal office address)

8660 NATHANS COVE COURT; JACKSONVILLE, FL 32256
(Current mailing address, if different)

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

Name: PAUL C. BALDWIN, III, MD

Office Address: 8660 NATHANS COVE COURT

JACKSONVILLE, Florida 32256
(City) (Zip code)

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TALLAHASSEE, FLORIDA

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.

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

A. DIRECTORS

Chairman: PAUL C. BALDWIN, III, MD

Address: 8660 NATHANS COVE COURT; JACKSONVILLE, FL 32256

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: PAUL C. BALDWIN, III, MD

Address: 8660 NATHANS COVE COURT; JACKSONVILLE, FL 32256

Vice President: PAUL C. BALDWIN, III, MD

Address: 8660 NATHANS COVE COURT; JACKSONVILLE, FL 32256

Secretary: PAUL C. BALDWIN, III, MD

Address: 8660 NATHANS COVE COURT; JACKSONVILLE, FL 32256


Treasurer: PAUL C. BALDWIN, III, MD

Address: 8660 NATHANS COVE COURT; JACKSONVILLE, FL 32256

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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. PAUL C. BALDWIN, III, MD, PRESIDENT

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

STATE OF GEORGIA

Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, **Brian P. Kemp**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

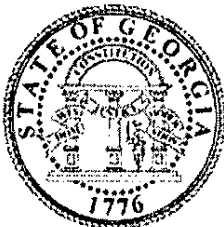
Paul Clay Baldwin, III, M.D., P.C.
a Domestic Professional Corporation

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 14890401
Date Inc/Auth/Filed: 05/30/2017
Jurisdiction : Georgia
Print Date : 08/30/2017
Form Number : 211



A handwritten signature in black ink, appearing to read "B: P. Kemp".

Brian P. Kemp
Secretary of State