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(Address)

(Address)

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PICK-UP WAIT MAIL

(Business Entity Name)

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Date: 4/24/2018

Name: Chris Vick

Reference #: **M099729**

Entity Name: ASPIRE HEALTH MEDICAL PARTNERS OF MIDDLE TENNESSEE, P.C., CORPORATION

- Articles of Incorporation/Authorization to Transact Business
- Amendment
- Change of Agent
- Reinstatement
- Conversion
- Merger
- Dissolution/Withdrawal
- Fictitious Name
- Other

Authorized Amount:

Signature:

•CORPORATE HQ
COGENCY GLOBAL INC.
10 E 40 ST, 10 FL
NY, NY 10016
800.221.0102
•1.212.947.7200

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COGENCY GLOBAL

115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
866.625.0838
COGENCYGLOBAL.COM

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Aspire Health Medical Partners of Middle Tennessee, P.C, Corporation
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:

Cory Brown
Name of Person
Aspire Health
Firm/Company
333 Commerce St.; Ste. 700
Address
Nashville, TN 37201
City/State and Zip code
cbrown@aspirehealthcare.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cory Brown at (615) 627-2297
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. Aspire Health Medical Partners of Middle Tennessee, P.C., Corporation

(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. TN 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 5/1/13 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

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

7. 333 Commerce St.; Ste. 700, Nashville, TN 37201
(Principal office address)

N/A
(Current mailing address, if different)

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

Name: COGENCY GLOBAL INC.

Office Address: 115 North Calhoun Street, Suite 4

Tallahassee , Florida 32301
(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.

Marisa Kugelmann, Asst. Secretary
(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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SECRETARY OF STATE
TENNESSEE, BIRMINGHAM

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

A. DIRECTORS

Andrew Lasher, M.D.

Chairman: _____
333 Commerce St.; Ste. 700
Address: _____
Nashville, TN

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

Andrew Lasher, M.D.

President: _____
333 Commerce St.; Ste. 700, Nashville, TN 37201
Address: _____

N/A

Vice President: _____

Address: _____

Cory Brown

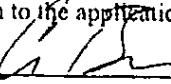
Secretary: _____
333 Commerce St.; Ste. 700, Nashville, TN 37201
Address: _____

Treasurer: _____

Address: _____

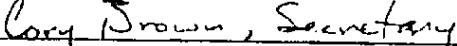
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

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. _____


Cory Brown, Secretary

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



Tre Hargett
Secretary of State

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SECRETARY OF STATE
TENNESSEE, A DIVISION
OF THE STATE OF TENNESSEE

Division of Business Services
Department of State
State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

ERIN UPCHURCH
1325 J STREET SUITE 1550
SACRAMENTO, CA 95814

April 19, 2018

Request Type: Certificate of Existence/Authorization
Request #: 0274261

Issuance Date: 04/19/2018
Copies Requested: 1

Document Receipt

Receipt #: 004043845	Filing Fee:	\$20.00
Payment-Credit Card - State Payment Center - CC #: 3727903363		\$20.00

Regarding:	ASPIRE HEALTH MEDICAL PARTNERS OF MIDDLE TENNESSEE, P.C.		
Filing Type:	For-profit Corporation - Domestic	Control #:	718144
Formation/Qualification Date:	05/01/2013	Date Formed:	05/01/2013
Status:	Active	Formation Locale:	TENNESSEE
Duration Term:	Perpetual	Inactive Date:	
Business County:	DAVIDSON COUNTY		

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

ASPIRE HEALTH MEDICAL PARTNERS OF MIDDLE TENNESSEE, P.C.

* is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above;

* has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;

* has filed the most recent annual report required with this office;

* has appointed a registered agent and registered office in this State;

* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett
Secretary of State

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