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(Requestor's Name)			
(Address)			
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(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
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(Document Number)			
Certified Copies Certificates of Status			
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Special Instructions to Filing Officer:			





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19 MAY 13 RM 4: 28

Z BROWN MAY 1 4 2019 Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.Incserv.com

e-mail: accounting@incserv.com

ORDER FORM

Florida Department of State
Division of Corporations, Clifton
Building
2661 Executive Center Circle
Tallahassee, FL 32301
corphelp@dos.myflorida.com

FROM Melissa Stops mstops@incserv.com 850.656.7953

REQUEST DATE 5/13/2019

850-245-6051

PRIORITY Routine

OUR REF # (Order ID#) 742010

ORDER ENTITY

TP-HEALTH INCORPORATED

PLEASE PERFORM THE FOLLOWING SERVICES:

Please file the attached qualification document.

Please provide a certified copy as evidence.

NOTES:

\$78.75 Authorized

Email address for annual report reminders: pasha@pashalaw.com}

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Monday, May 13, 2019 Page 1 of 1

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.

	orporated Orporation; must include "INCORPORATED," "Corp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION,"
(If name unavail	able in Florida, enter alternate corporate name adop	oted for the purpose of transacting business in Florida)
Texas 2.	3.	
	y under the law of which it is incorporated) 5.	(FEI number, if applicable)
	of incorporation)	(Date of duration, if other than perpetual)
7	(SEE SECTIONS 607.1501 & 607.1502,, Alvin, Texas 77511 (Principal o	F.S., to determine penalty liability) ffice address)
	(Current mailing ac	
8. Name and <u>stre</u>	et address of Florida registered agent: (P.O. B Legaline Corporate Services, Inc.	C. Mark
Office Address:	5237 Summerlin Commons, Suite 400	
	Fert Myers	33907 , Florida
	(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 us 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. DIRE	Fahd Rawra, MD	
	110 S. Gordon St.	
	Alvin, TX 77511	
Vice Chai	Stephanie Hernandez, DO	
Address:	110 S. Gordon St.	
	Alvin, TX 77511	
Director	Sajjad Zaidi, MD	
	110 S. Gordon St.	e. 8
Addiçss.	Alvin, TX 77511	
Director:		
		17 - II
		<u> </u>
B. OFF	ICERS	\$ C
President	Fahd Rawra, MD	
Address:	110 S. Gordon St.	
	Alvin, TX 77511	
Vice Pres	Fahd Rawra, MD	
	110 S. Gordon St.	
	Alvin, TX 77511	
Secretary:	Fahd Rawra, MD	
Address:	110 S. Gordon St. , Alvin, TX 77511	
Treasurer	Fahd Rawra, MD	
	110 S. Gordon St. , Alvin, TX 77511	
	If necessary, you may attach an addendum to the application listing additional officers ar	ıd/or directors.
12. Fall	Raru	
are true a a third d	Signature of Director or Officer cer or director signing this document (and who is listed in number 11 above) affirms that and that he or she is aware that false information submitted in a document to the Departmegree felony as provided for in s.817.155, F.S.	the facts stated herein ent of State constitutes
13. Fah	(Typed or printed name and capacity of person signing application)	

Compositions Socian

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



David Whitley Secretary of State

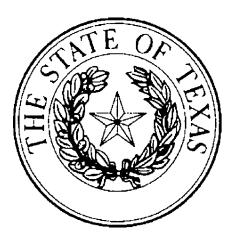
Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for TP-Health, Incorporated (file number 803229330), a Domestic Nonprofit Corporation, was filed in this office on February 05, 2019.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on May 13, 2019.



David Whitley

David Whitley Secretary of State