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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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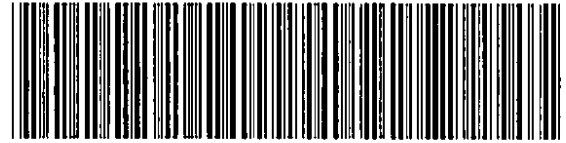
(Business Entity Name)

(Document Number)

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**DATE:** 6/13/19

**NAME:** AMBULATORY SERVICES CORPORATION

**TYPE OF FILING:** APPLICATION

**COST:** 70.00

**RETURN:** PLAIN COPY PLEASE

**FILED**  
**2019 JUN 13 PM 4:39**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**ACCOUNT:** FCA000000015

**AUTHORIZATION:** ABBIE/PAUL HODGE



**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. Ambulatory Services 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. California	3. 90-0159641
(State or country under the law of which it is incorporated)	(FEI number, if applicable)
4. January 31, 2003	5. _____
(Date of incorporation)	(Date of duration, if other than perpetual)
6. _____	
(Date first transacted business in Florida, if prior to registration)	
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)	
7. 1800 2nd Street, Suite 915, Sarasota, Florida 34236-5930	
(Principal office address)	
(Current mailing address, if different)	
8. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)	
Name:	Ronald G. Hock
Office Address:	1800 2nd Street, Suite 915
Sarasota	34236-5930
(City)	, Florida (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.*

Ronald G. Hock  
(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**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: Peter Solodko ✓

Address: 1800 2nd Street, Suite 915

Sarasota, Florida 34236-5930

Director: Nikolay Feitser ✓

Address: 1800 2nd Street, Suite 915

Sarasota, Florida 34236-5930

**B. OFFICERS**

President: CEO - Peter Solodko ✓

Address: 1800 2nd Street, Suite 915

Sarasota, Florida 34236-5930

Vice President: EVP - Nikolay Feitser ✓

Address: 1800 2nd Street, Suite 915

Sarasota, Florida 34236-5930

Secretary: Nikolay Feitser ✓

Address: 1800 2nd Street, Suite 915, Sarasota, Florida 34236-5930

Treasurer: Nikolay Feitser ✓

Address: 1800 2nd Street, Suite 915, Sarasota, Florida 34236-5930

**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. Peter Solodko, President/CEO

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

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# State of California

## Secretary of State

### CERTIFICATE OF STATUS

ENTITY NAME:

AMBULATORY SERVICES CORPORATION

FILE NUMBER: C2496216  
FORMATION DATE: 01/31/2003  
TYPE: DOMESTIC CORPORATION  
JURISDICTION: CALIFORNIA  
STATUS: ACTIVE (GOOD STANDING)

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TALLAHASSEE, FLORIDA

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of June 11, 2019.

ALEX PADILLA  
Secretary of State