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(((H19000209772 3)))



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Email Address: gdouglass@swmed.com

FOREIGN PROFIT/NONPROFIT CORPORATION

Southwest Medical Associates, Inc.

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
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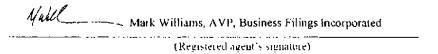
Fax Audit # H19000209772 3

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

| | Medical Associates, Inc. | | |
|--|---|--|--|
| There is no content of the state of the stat | orporation; must include "INCORPORATED," (orp." "Inc." "Co." or "Corp ") | "COMPANY." "CORPORATION." | |
| | | | |
| (If name unavail: | able in Florida, enter alternate corporate name a | depted for the purpose of transacting business in Florida) | |
| Texas | 3 | 75-1689157 | |
| (State or countr | y under the law of which it is incorporated) | (FEI number, if applicable) | |
| 2/13/1980 5 | | Perpetual | |
| (Date of incorporation) | | (Date of duration of other than perpetual) | |
| Upon Qual | ification | | |
| | (Date first transacted business in (SEE SECTIONS 607.1501 & 607.150 | | |
| 1325 Broady | way Ave, Rockport, Texas 78382 | | |
| | (Principa | office address) | |
| | (Curent mailing | address, if different) | |
| . Name and <u>stree</u> | t address of Florida registered agent: (P.O. | Box NOT acceptable) | |
| Name: | Business Filings Incorporated | | |
| office Address: | 1200 South Pine Island Road | _ | |
| | Plantation | Florida33324 | |
| | (City) | (Zip code) | |

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.



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.

| FAX AUDIT Number H190002097723 11. Names and business addresses of officers and/or directors: |
|---|
| A. DIRECTORS |
| Chairman: |
| Addreys: |
| |
| Vice Charmon: |
| Address: |
| Director: Tom Douglass |
| Address: 638 F. Market Street, Rockport, Texas 78382 |
| |
| Grant Douglass V |
| Address: 638 E Market Street, Rockport, Texas 78382 |
| B. OFFICERS Provident: Toni Douglass Additions: 638 E Market Street, Rockport, Texas 78382 |
| numbers. |
| Vice President: Grant Douglass |
| Address: 638 E Market Street, Rockport, Texas 78382 |
| |
| Secretary: Grant Douglass V |
| Address: 638 E Market Street, Rockport, Texas 78382 |
| Trenstiver: Grant Douglass J |
| Address: 638 E Market Street, Rockport, Texas 78382 |
| NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. |
| 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 we 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 \$ 817,155, F.S. |
| Tom Douglass, President |
| (Typed or printed name and capacity of person signing application) |

2019-07-10 10 34:54 CST

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



Jose A. Esparza Deputy Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Deputy Secretary of State of Texas, does hereby certify that the document, Legacy Filing for SOUTHWEST MEDICAL ASSOCIATES, INC. (file number 50891600), a Domestic For-Profit Corporation, was filed in this office on February 13, 1980.

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 July 08, 2019.



Jose A. Esparza Deputy Secretary of State

 Phone: (512) 463-5555
 Fax: (512) 463-5709
 Dial: 7-1-1 for Relay Services

 Prepared by: SOS-WEB
 TID: 10264
 Document: 899633990003