

F19000003356

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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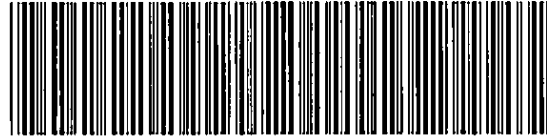
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312

850-656-4724

Date: 7/19/2019

Acc#120160000072

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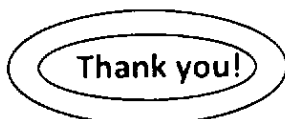
Name:	ONE MEDICAL GROUP, INC.
Document #:	
Order #:	11981828

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
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	COGS: <input type="checkbox"/>

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Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 70.00



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: One Medical Group, Inc.

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:

Ann-Kitt Jahren

Name of Person

Law Office of Ann-Kitt Jahren

Firm/Company

100 Rosario Court

Address

San Ramon, CA 94583

City/State and Zip code

AnnualReportFilingTeam2@wolterskluwer.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ann-Kitt Jahren

925

327-0748

at (_____) _____

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. One Medical Group, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- One Medical Group, Inc. P.A.
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. California 3. 27-1346767
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 11/13/09 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. 130 Sutter St., 2nd Fl., San Francisco, CA 94104
(Principal office address)
- _____
(Current mailing address, if different)

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

Name: C T Corporation System

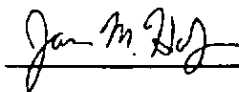
Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(City) (Zip code)

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2019 JUL 19 AM 11:41
TALLAHASSEE, FL

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.



James M. Halpin - Assistant 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.

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Andrew Diamond, M.D.

Address: 130 Sutter St., 2nd Fl.

San Francisco, CA 94104

Director: _____

Address: _____

B. OFFICERS

President: Andrew Diamond, M.D.

Address: 130 Sutter St., 2nd Fl.

San Francisco, CA 94104

Vice President: _____

Address: _____

Secretary: Andrew Diamond, M.D.

Address: 130 Sutter St., 2nd Fl., San Francisco, CA 94104

Treasurer: Andrew Diamond, M.D.

Address: 130 Sutter St., 2nd Fl., San Francisco, CA 94104

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. Andrew Diamond, M.D., President

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

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2019 JUL 19 AM 11:41
FALL ARIZONA

**ADDENDUM TO APPLICATION BY FOREIGN CORPORATION FOR
AUTHORIZATION BUSINESS IN FLORIDA**

ONE MEDICAL GROUP, INC.

Additional Officer:

CFO: Andrew Diamond, M.D.
130 Sutter St., San Francisco, CA 94104

State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

ONE MEDICAL GROUP, INC.

FILE NUMBER: C3259814
FORMATION DATE: 11/13/2009
TYPE: DOMESTIC CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

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 May 07, 2019.

ALEX PADILLA
Secretary of State