

F19D0000004596

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

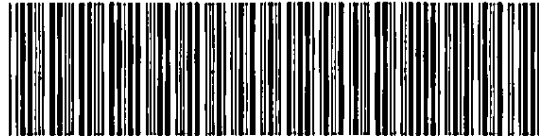
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

cert  
W19-85429

10/4

Office Use Only



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09/10/19--01027--010 \*\*78.75

FILED

19 OCT -4 PM 5:51

FILED

10/18



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 20, 2019

DERRIC JACKSON  
1810 STADIUM DRIVE, STE 210  
PHENIX CITY, AL 36867-3179

SUBJECT: JACKSONS POINT OF LIGHT FAMILY MEDICINE, INC.  
Ref. Number: W19000085429

We have received your document for JACKSONS POINT OF LIGHT FAMILY MEDICINE, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Brooke N Kinsey  
Regulatory Specialist II

Letter Number: 419A00019546

**RECEIVED**  
OCT 04 2019

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** JACKSONS POINT OF LIGHT FAMILY MEDICINE, 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:

DERRIC N JACKSON

Name of Person  
JACKSONS POINT OF LIGHT FAMILY MEDICINE, INC.

Firm/Company  
1810 STADIUM DRIVE, SUITE 210

Address  
PHENIX CITY, AL 36867-3179

City/State and Zip code  
DERRIC@JPLMED.COM

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

For further information concerning this matter, please call:

DERRIC JACKSON      706      718-2885  
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

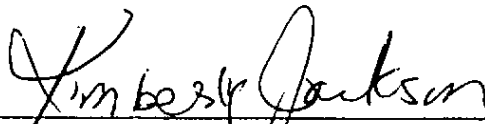
**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

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. JACKSON'S POINT OF LIGHT FAMILY MEDICINE, INC.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co." or "Corp.")
- JPL FAMILY & PEDIATRIC MEDICINE, INC.  
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. ALABAMA 3. 26-0638767  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 07/18/2007 5. N/A - Perpetual  
(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. 1810 STADIUM DRIVE, SUITE 210, PHENIX CITY, AL 36867  
(Principal office address)
- P.O. BOX 1045, PHENIX CITY, AL 36868-1045  
(Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: KIMBERLY JACKSON, MD
- Office Address: 36468 EMERALD COAST PARKWAY,  
STE. 2201  
DESTIN, Florida 32541  
(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.*

  
(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: DERRIC JACKSON  
1810 STADIUM DRIVE, STE 210  
Address: PHENIX CITY, AL 36867-3179

Vice Chairman: KIMBERLY JACKSON  
1810 STADIUM DRIVE, STE 210  
Address: PHENIX CITY, AL 36867-3179

Director: DERRIC JACKSON, CEO  
1810 STADIUM DRIVE, STE 210  
Address: PHENIX CITY, AL 36867-3179

Director: KIMBERLY JACKSON, MD CHIEF MEDICAL DIRECTOR  
1810 STADIUM DRIVE, STE 210  
Address: PHENIX CITY, AL 36867-3179

**B. OFFICERS**

President: KIMBERLY JACKSON  
1810 STADIUM DRIVE, STE 210  
Address: PHENIX CITY, AL 36867-3179

Vice President: DERRIC JACKSON  
1810 STADIUM DRIVE, STE 210  
Address: PHENIX CITY, AL 36867-3179

Secretary: ALANNA JACKSON  
2206 STA ANDREWS WAY, PHENIX CITY, AL 36867-3179  
Address: PHENIX CITY, AL 36867-3179

Treasurer: DERRIC JACKSON  
1810 STADIUM DRIVE, STE 210, PHENIX CITY, AL 36867-3179  
Address: PHENIX CITY, AL 36867-3179

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. DERRIC N JACKSON, CEO  
(Typed or printed name and capacity of person signing application)

John H. Merrill  
Secretary of State

P.O. Box 5616  
Montgomery, AL 36103-5616

# STATE OF ALABAMA

**I, John H. Merrill, Secretary of State of Alabama, having custody of the  
Great and Principal Seal of said State, do hereby certify that**

the entity records on file in this office disclose that Jacksons' Point of Light Family  
Medicine, Inc. was formed in Montgomery County, Alabama on July 18, 2007.  
The Alabama Entity Identification number for this entity is 253-580. I further  
certify that the records do not disclose that said entity has been dissolved,  
cancelled or terminated.



20190930000008002

**In Testimony Whereof, I have hereunto set my  
hand and affixed the Great Seal of the State, at the  
Capitol, in the city of Montgomery, on this day.**

09/30/2019

Date

A handwritten signature in black ink, appearing to read 'J. H. Merrill', is written over a horizontal line.

John H. Merrill

Secretary of State