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MAY 07 2020

M. SOLOMON

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Healthcare2U Physician Services Corporation  
Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Kristi Marczynski

Name of Person

Healthcare2U Physician Services

Firm/Company

6101 W. Courtyard Road, Bldg. 5 Suite 201

Address

Austin, Texas 78730

City/State and Zip Code

Kristi@healthc2u.com

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

For further information concerning this matter, please call:

Kristi Marczynski

Name of Person

at (

512

Area Code

900-8900

Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$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 NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO  
CONDUCT ITS AFFAIRS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN  
THE STATE OF FLORIDA:*

1. Healthcare2U Physician Services Corporation

(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Texas 3. 83-2654543  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. November 20, 2018 5. \_\_\_\_\_  
(Date of Incorporation) (Date of duration, if other than perpetual)

6. January 1, 2020  
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 6101 W. Courtyard Road, Bldg. 5 Suite 201, Austin, Texas 78730  
(Principal office street address)

(Current mailing address, if different)

8. Delivery of various modalities of health care services to the public.  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

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

Name: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324  
(City) (Zip Code)

**10. 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.*



Candice Pignataro, Asst. Secretary  
(Registered agent's signature)

11. 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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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

12. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

**A. DIRECTORS**

☐ Chairman Name: Andrew Bonner  
☐ Vice Chairman Address: 6101 W. Courtyard Road, Bldg. 5  
☐ Director Suite 210  
☒ President Austin, Texas 78730  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: Ron Levine  
☐ Vice Chairman Address: 6101 W. Courtyard Road, Bldg. 5  
☐ Director Suite 210  
☐ President Austin, Texas 78730  
☐ Vice President \_\_\_\_\_  
☒ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: Carlos Porter, MD  
☐ Vice Chairman Address: 5282 Medical #25  
☒ Director San Antonio, Texas 78229  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: John Rodriguez, MD  
☐ Vice Chairman Address: 6101 W. Courtyard Road, Bldg. 5  
☒ Director Suite 210  
☐ President Austin, Texas 78730  
☒ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: Kristi Marczynski  
☐ Vice Chairman Address: 6101 W. Courtyard Road, Bldg. 5  
☐ Director Suite 210  
☐ President Austin, Texas 78730  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☒ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: Solomon Paley, MD  
☐ Vice Chairman Address: 1314 E Sonterra Blvd. #5203  
☒ Director San Antonio, Texas 78258  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

**NOTE: Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

13. Kristi Marczynski  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Kristi Marczynski, Treasurer  
(Typed or printed name and capacity of person signing application)



## 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 Healthcare2U Physician Services (file number 803170473), a Domestic Nonprofit Corporation, was filed in this office on November 20, 2018.

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 April 13, 2020.



A handwritten signature in black ink, appearing to read "Ruth R. Hughs".

Ruth R. Hughs  
Secretary of State