

F20000005079

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

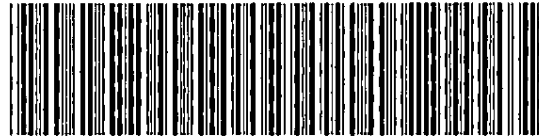
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



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2020 NOV 12 PM 2:39

SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV 13 2020

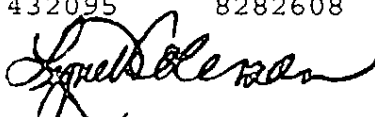
K Brumby

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 432095 8282608

AUTHORIZATION :



COST LIMIT : \$ 70.00

ORDER DATE : September 21, 2020

ORDER TIME : 11:56 AM

ORDER NO. : 432095-015

CUSTOMER NO: 8282608

FOREIGN FILINGS

NAME: EVIZZIT OF IOWA PSYCHIATRY,
P.C. *Inc.*

XXXX QUALIFICATION (TYPE: PC)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Robinson -- EXT# 62968

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: eVizzit of Iowa Psychiatry, P.C. 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:

Cindy Walker

Name of Person

Integrated Telehealth Partners

Firm/Company

1501 42nd St Ste. 120

Address

West Des Moines, IA 50266

City/State and Zip code

cwalker@integratedtelehealth.com

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

For further information concerning this matter, please call:

Cindy Walker

at (615) 4181669

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

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

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 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. eVizzit of Iowa Psychiatry, P.C. Inc.
(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. Iowa, United States 3. 84-1852732
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 05/22/2019 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. 07/01/2020
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 1501 42nd St Ste. 120, West Des Moines, IA 50266
(Principal office street address)
- _____
(Current mailing address, if different)

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(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.

Corporation Service Company

By: _____

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

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TALLAHASSEE, FLORIDA

A. DIRECTORS

☐ Chairman Name: Mitchel Blutt
☐ Vice Chairman Address: 1501 42nd St Ste. 120
☒ Director West Des Moines, IA
☐ President 50266
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other CEO ☐ Other _____

☐ Chairman Name: Steve McKenna
☐ Vice Chairman Address: 1501 42nd St Ste. 120
☒ Director West Des Moines, IA
☐ President 50266
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other Managing Partner ☐ Other _____

☐ Chairman Name: Nancy- Ann DeParle
☐ Vice Chairman Address: 1501 42nd St Ste. 120
☒ Director West Des Moines, IA
☐ President 50266
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other Partner, Co-Found ☐ Other _____

☐ Chairman Name: Marilyn Tavenner
☐ Vice Chairman Address: 1501 42nd St Ste. 120
☒ Director West Des Moines, IA
☐ President 50266
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other Partner, Co-Found ☐ Other _____

☐ Chairman Name: Dr. Megan Embrescia
☐ Vice Chairman Address: 1501 42nd St Ste. 120
☒ Director West Des Moines, IA
☒ President 50266
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other Officer ☐ Other _____

☐ Chairman Name: Doug Wilson
☐ Vice Chairman Address: 1501 42nd St Ste. 120
☒ Director West Des Moines, IA
☒ President 50266
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other Assist VP-Officer ☐ Other _____

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.

12. Doug Wilson

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. Doug Wilson, Assistant Vice President

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

**IOWA SECRETARY OF STATE
PAUL D. PATE**



CERTIFICATE OF EXISTENCE

Issue Date: 9/21/2020

Name: EVIZZIT OF IOWA PSYCHIATRY PC (496CDP - 602134)

Date of Incorporation: 5/22/2019

Duration: PERPETUAL

I, Paul D. Pate, Secretary of State of the State of Iowa, custodian of the records of incorporations, certify the following for the corporation named on this certificate:

- a. The entity is in existence and duly incorporated under the laws of Iowa.
- b. All fees required under the Iowa Business Corporation Act due the Secretary of State have been paid.
- c. The most recent biennial report required has been filed with the Secretary of State.
- d. Articles of dissolution have not been filed.

Certificate ID: CS203456

To validate certificates visit:

sos.iowa.gov/ValidateCertificate

A handwritten signature in black ink that reads "Paul D. Pate".

Paul D. Pate, Iowa Secretary of State