

3/12/2021

Division of Corporations

F2100001492

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(((H21000101464 3)))



H210001014643ABCT

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Division of Corporations
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SECRETARY OF STATE
TALLAHASSEE, FL

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FOREIGN PROFIT/NONPROFIT CORPORATION**MedExpress Primary Care Texas, P.A.**

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$78.75

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March 15, 2021

FLORIDA DEPARTMENT OF STATE
Division of Corporations

C T CORPORATION SYSTEM

SUBJECT: MEDEXPRESS PRIMARY CARE TEXA P.A.
REF: W21000034574

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers listed.

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.

Sharon D Franklin
Regulatory Specialist IIFAX Aud. #: H21000101464
Letter Number: 021A00005459

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.

MedExpress Primary Care Texas, P.A.

1. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

MedExpress Primary Care Texas, Inc.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
Texas 84-25000750

2. (State or country under the law of which it is incorporated) 07/18/2019
3. (FEI number, if applicable) perpetual

4. (Date of incorporation) upon filing
5. (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)
423 Fortress Blvd., Morgantown, WV 26508

7. (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)

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.

By: Michele Miller C T Corporation System
(Registered agent's signature) Michele Miller, Asst. Secretary

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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TALLAHASSEE, FL

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

David R. Ferrell, M.D.

Director: _____

423 Fortress Blvd.

Address: _____

Morgantown, WV 26508

Director: _____

Address: _____

B. OFFICERS

David R. Ferrell, M.D.

President: _____

423 Fortress Blvd.

Address: _____

Morgantown, WV 26508

L. Victor Starcher II, M.D.

Vice President: _____

423 Fortress Blvd.

Address: _____

Morgantown, WV 26508

L. Victor Starcher II, M.D.

Secretary: _____

423 Fortress Blvd., Morgantown, WV 26508

Address: _____

David R. Ferrell, M.D.

Treasurer: _____

423 Fortress Blvd., Morgantown, WV 26508

Address: _____

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.

David R. Ferrell, M.D., President and Treasurer

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

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



Ruth R. Hughes
Secretary of State

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 MedExpress Primary Care Texas, P.A. (file number 803371911), a Professional Association, was filed in this office on July 18, 2019.

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 March 11, 2021.



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

Ruth R. Hughes
Secretary of State