

F210000005368

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

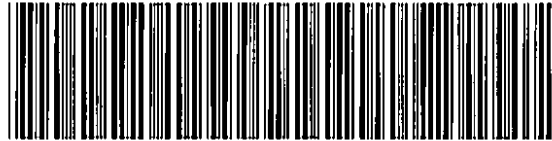
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



500368870455

2021 SEP 17 AM 9:58

RECEIVED

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

2021 SEP 17 AM 11:49

RECEIVED

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

ACCOUNT NO. : I20000000195

REFERENCE : 010493 7918563

AUTHORIZATION :

*[Signature]*

COST LIMIT : \$ 87.50

-----  
ORDER DATE : September 15, 2021

ORDER TIME : 9:40 AM

ORDER NO. : 010493-005

CUSTOMER NO: 7918563  
-----

FOREIGN FILINGS

NAME: SOUTHCOAST PHYSICIANS GROUP,  
INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY  
       PLAIN STAMPED COPY  
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT# 61594

EXAMINER: \_\_\_\_\_

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Southcoast Physicians Group, Inc.  
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:

Shawn P. DeVincentis

Name of Person

Southcoast Physicians Group, Inc.

Firm/Company

275 Allen Street

Address

New Bedford, Massachusetts 02740

City/State and Zip Code

devincentiss@southcoast.org

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

For further information concerning this matter, please call:

Shawn P. DeVincentis at (508) 973-5253  
Name of Person Area Code 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. Southcoast Physicians Group, Inc.  
(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. Massachusetts 3. 22-2703314  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 04/23/1986 5. \_\_\_\_\_  
(Date of Incorporation) (Date of duration, if other than perpetual)
6. N/A  
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)
7. 101 Page Street, New Bedford, Massachusetts 02740  
(Principal office street address)
- \_\_\_\_\_  
(Current mailing address, if different)
8. To employ community physicians and other practitioners  
(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: Corporation Service Company
- Office Address: 1201 Hays Street  
Tallahassee, Florida 32031  
(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.
- Corporation Service Company  
By: Eyeline Baker  
Assistant Vice President  
(Registered agent's signature)

2021 SEP 17 AM 9:58

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: Keith A. Hovan  
☐ Vice Chairman Address: 101 Page Street  
☐ Director New Bedford, MA 02740  
☒ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: Wade Broughman  
☐ Vice Chairman Address: 101 Page Street  
☐ Director New Bedford, MA 02740  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☒ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

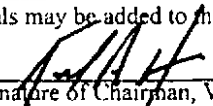
☐ Chairman Name: Renee Clark  
☐ Vice Chairman Address: 101 Page Street  
☐ Director New Bedford, MA 02740  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☒ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☒ Chairman Name: Jason Rua  
☐ Vice Chairman Address: 101 Page Street  
☐ Director New Bedford, MA 02740  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: Donald G. Giumetti  
☒ Vice Chairman Address: 101 Page Street  
☐ Director New Bedford, MA 02740  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: Rayford Kruger, M.D.  
☐ Vice Chairman Address: 101 Page Street  
☐ Director New Bedford, MA 02740  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☒ Other: Trustee ☐ 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.   
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Keith A. Hovan  
(Typed or printed name and capacity of person signing application)

## Section 12

### Directors Cont.

NAME	TITLE	ADDRESS
Robert McGowen, M.D.	Trustee	101 Page Street, New Bedford, MA 02740
Aaron Novy, P.A.	Trustee	101 Page Street, New Bedford, MA 02740
Edress Othman, M.D.	Trustee	101 Page Street, New Bedford, MA 02740
Salman Bashir, M.D.	Trustee	101 Page Street, New Bedford, MA 02740
Louis Cabral	Trustee	101 Page Street, New Bedford, MA 02740
Elizabeth Huidekoper	Trustee	101 Page Street, New Bedford, MA 02740



*The Commonwealth of Massachusetts*  
*Secretary of the Commonwealth*  
*State House, Boston, Massachusetts 02133*

William Francis Galvin  
Secretary of the  
Commonwealth

Date: September 16, 2021

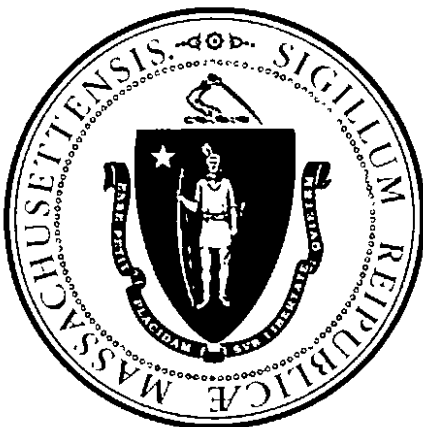
To Whom It May Concern :

I hereby certify that according to the records of this office,

**SOUTHCOAST PHYSICIANS GROUP, INC.**

is a domestic corporation organized on **April 23, 1986**

I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 180 section 26 A, for revocation of the charter of said corporation; that the State Secretary has not received notice of dissolution of the corporation pursuant to Massachusetts General Laws, Chapter 180, Section 11, 11A, or 11B; that said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.



In testimony of which,  
I have hereunto affixed the  
Great Seal of the Commonwealth  
on the date first above written.

*William Francis Galvin*

Secretary of the Commonwealth

Certificate Number: 21090367680

Verify this Certificate at: <http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx>

Processed by: ili