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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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MAIL

(Business Entity Name)

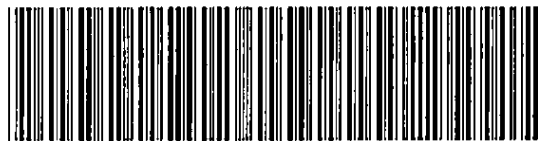
(Document Number)

Certified Copies _____

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APR 22 2023

K. Brumbach



Practice Management
2100 Powell Street
Suite 400
Emeryville, CA 94608
510.350.7600
vituity.com

March 28, 2023

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

RE: Application for Authority to Transact Business in Florida

Dear Agent:

Enclosed, please find the following:

1. Application for Authority to Transact Business in Florida.
2. Certificate of Good Standing of Galen Inpatient Physicians PC; and
3. Check in the amount of \$70.00 for the filing fee.

Please file the application and return the conformed copy by using the pre-paid shipment envelope enclosed.

Do not hesitate to contact me at (510) 694-0023 if you have any questions.

Yours Truly,

Rhona Bautista
Senior Paralegal

Rhona.bautista@vituity.com
Main/Direct/Fax/Text: 510-694-0023

Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Galen Inpatient Physicians, PC

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:

Rhona Bautista

Name of Person

Vituity

Firm/Company

2100 Powell Street, Suite 400 Legal Dept.

Address

Emeryville, CA 94608

City/State and Zip code

corporateentities@vituity.com

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

For further information concerning this matter, please call:

Rhona Bautista

at (510) 899-9585

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. Galen Inpatient Physicians, PC
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- Galen Inpatient Physicians, Corporation
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. California 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 9/27/1999 5. _____
(Date of incorporation) (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)
7. 2100 Powell Street, Suite 400, Emeryville, CA 94608
(Principal office street address)

(Current mailing address, if different)

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

Name: Registered Agent Solutions, Inc.

Office Address: 155 Office Plaza Dr, Suite A
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.


(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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A. DIRECTORS

☐ Chairman Name: Imamu Tomlinson, MD
☐ Vice Chairman Address: 2100 Powell Street, Suite 400
☒ Director Emeryville, CA 94608
☐ President _____
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☒ Other CEO ☐ Other _____

☐ Chairman Name: Theophile Koury, MD
☐ Vice Chairman Address: 2100 Powell Street, Suite 400
☒ Director Emeryville, CA 94608
☒ President _____
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☒ Other CFO ☐ Other _____

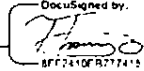
☐ Chairman Name: David Birdsall, MD
☐ Vice Chairman Address: 2100 Powell Street, Suite 400
☒ Director Emeryville, CA 94608
☐ President _____
☒ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other _____ ☐ 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.  _____
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. Theophile Koury, MD, Director
(Typed or printed name and capacity of person signing application)



Secretary of State Certificate of Status

I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

Entity Name: GALEN INPATIENT PHYSICIANS, PC
Entity No.: 2047125
Registration Date: 09/27/1999
Entity Type: Stock Corporation - CA - Professional
Formed In: CALIFORNIA
Status: Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of March 28, 2023.

SHIRLEY N. WEBER, PH.D.
Secretary of State

Certificate No.: 095488946

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at bizfileOnline.sos.ca.gov.