

F24000000534

(Requestor's Name)

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(Address)

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☐ PICK-UP

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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JAN 31 2024

K. Brumley

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DR
TALLAHASSEE, FL 32309
(850) 524-5437 / (850) 524-6243 / (850) 491-9625

Please use funds from this account: I20210000160: \$87.50

Authorization Signature:  :

HEALTH BY DESIGN MEDICAL GROUP NON-PROFIT CORPORATION
BUSINESS NAME **DOCUMENT #**

☒ **X** **Certified Copy**
☒ **X** **Certificate of Status**

NEW FILINGS

☐ Profit Corp
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ LLLP
☐ CORP
☐ Other
☐ Other

AMENDMENTS

☐ Amendment
☐ Resignation of R.A. Officer/Director
☐ Change of Registered Agent
☐ Revocation of Dissolution
☐ Merger
☐ Articles of Conversion
☐ Restated Articles of Incorporation
☐ Statement of Authority

OTHER FILINGS

☐ Apostille
☐ Country
☐ Annual Report
☐ Fictitious Name

☒ **X** **Foreign Filing**
☐ Reinstatement
☐ Qualification
☐ Other

EXAMINER'S INITIALS: _____



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 26, 2024

FLORIDA CAPITAL COURIER SERVICES

SUBJECT: HEALTH BY DESIGN MEDICAL GROUP NON PROFIT
CORPORATION
Ref. Number: W24000012869

We have received your document for HEALTH BY DESIGN MEDICAL GROUP NON PROFIT CORPORATION and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please remove "Non-Profit" from the name in line 1 and leave Corporation and "Non-Profit" is not part of the name in the home state nor a suffix.,

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.

KYLE D BRUMBLEY
Regulatory Specialist II Supervisor

Letter Number: 424A00001709

ALLAHASSEE, FL 32011

2024 JAN 29 PM 4:50

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Health By Design Medical Group Non-Profit 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:

Andrew Orr, VP Operations

Name of Person

Health By Design Medical Group

Firm/Company

13409 George Road

Address

San Antonio, Texas 78230

City/State and Zip Code

casey.kent@hbdus.com

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

For further information concerning this matter, please call:

Casey Kent

at (210) 891-0609

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. Health By Design Medical Group 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. 74-2194068
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 1 January 2017 5. _____
(Date of Incorporation) (Date of duration, if other than perpetual)

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

7. 13409 George Road, San Antonio, Texas 78230
(Principal office street address)

(Current mailing address, if different)

8. Medical Group
(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: Legacy RA Group Inc.
Office Address: 2330 Clare Drive
Tallahassee, Florida 32309
(City) (Zip Code)

2024 JAN 30 PM 3:07

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.



(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.

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: Nicholas Masozera, M.D.
☐ Vice Chairman Address: 13409 George Road
☒ Director San Antonio, Texas 78230
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Coburn Allen, M.D.
☐ Vice Chairman Address: 7500 Rialto Boulevard
☒ Director Building 1, Suite 230
☐ President Austin, Texas 78735
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Hugo Salazar, M.D.
☐ Vice Chairman Address: 13409 George Road
☒ Director San Antonio, Texas 78230
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Zach Taylor, M.D.
☐ Vice Chairman Address: 13409 George Road
☒ Director San Antonio, Texas 78230
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Jennefer Sutton, M.D.
☐ Vice Chairman Address: 13409 George Road
☒ Director San Antonio, Texas 78230
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Clint Phillips
☐ Vice Chairman Address: 7500 Rialto Boulevard
☐ Director Building 1, Suite 230
☐ President Austin, Texas 78735
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other: Member ☐ 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. Nicholas Masozera
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Nicholas Masozera, M.D., Director
(Typed or printed name and capacity of person signing application)

Attachment – Directors

Laura Garcia
Secretary
13409 George Road, San Antonio, Texas 78230

Melissa Waite
Treasurer
13409 George Road, San Antonio, Texas 78230

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



Jane Nelson
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 Merger for Health by Design Medical Group (file number 802607795), a Domestic Nonprofit Corporation, was filed in this office on December 19, 2016.

It is further certified that the entity status in Texas is in existence.

Delayed Effective date: December 31, 2016

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 January 23, 2024.



A handwritten signature of Jane Nelson in black ink.

Jane Nelson
Secretary of State