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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

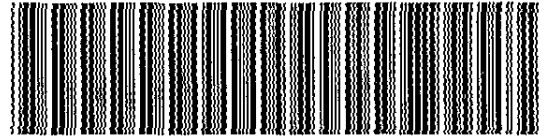
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DEPT. OF REVENUE
STATE OF FLORIDA
TALLAHASSEE, FLORIDA



ACCOUNT NO. : 072100000032

REFERENCE : 894079 153598A

AUTHORIZATION :

COST LIMIT : \$ 160.00

Patricia Pizito

ORDER DATE : January 15, 2003

ORDER TIME : 3:11 PM

ORDER NO. : 894079-005

CUSTOMER NO: 153598A

CUSTOMER: Ms. Linda Lee
Broad And Cassel
Suite 3500
100 North Tampa Street
Tampa, FL 33602

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FOREIGN FILINGS

NAME: CARE LEVEL MANAGEMENT, LLC

XXXX QUALIFICATION (TYPE:)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
 PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Norma Parramore -- EXT# 1147

EXAMINER: _____

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN
LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. Care Level Management LLC
(Name of foreign limited liability company)
2. CALIFORNIA
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 010590463
(FEI number, if applicable)
4. 3-10-2001
(Date of Organization)
5. perpetual
(Duration: Year limited liability company will cease to exist or "perpetual")
6. 2/1/03
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. 23975 Park Sorrento Ste. 365
Calabasas, CA 91302
(Street address of principal office)

8. If limited liability company is a manager-managed company, check here ☐

9. The name and usual business addresses of the managing members or managers are as follows:

Raouf Khalil 23975 Park Sorrento Ste 365 Calabasas, CA 91302
Henri Becker, MD 23975 Park Sorrento Ste 365 Calabasas, CA 91302

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: Management
services organization of Care Level Management Medical Group Inc,
a provider of professional medical services.

Signature of a member or an authorized representative of a member.
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Raouf Khalil

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES,
THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING
STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE
STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

Care Level Management, LLC

2. The name and the Florida street address of the registered agent and office are:

Henri Becker MD
(Name)

3550 Buschwood Park Drive Ste 133
Florida street address (P.O. Box **NOT** ACCEPTABLE)

Tampa FL 33618-4461
(City/State/Zip)

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

Henri Becker MD
(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

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TALLAHASSEE, FLORIDA

State of California

SECRETARY OF STATE

CERTIFICATE OF GOOD STANDING CALIFORNIA LIMITED LIABILITY COMPANY

I, KEVIN SHELLEY, Secretary of State of the State of California, hereby certify:

That on the **2nd day of March, 2001**, **CARE LEVEL MANAGEMENT, LLC**, became recognized under the laws of the State of California by filing its Articles of Organization in this office; and

That no record exists in this office of a certificate of cancellation of said limited liability company nor of a court declaring cancellation thereof; and

That according to the records of this office, the said limited liability company is authorized to exercise all its powers, rights and privileges and is in good legal standing in the State of California; and

That no information is available in this office on the financial condition of this limited liability company.

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of January 8, 2003.



A handwritten signature in cursive script that reads "Kevin Shelley".

KEVIN SHELLEY
Secretary of State

SM