

Division of Corporations

H03000066583

M03000000706

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H03000066583 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850) 205-0383

From:
Account Name : PROSKAUER ROSE LLP
Account Number : 074673001063
Phone : (561) 995-4751
Fax Number : (561) 241-7145

FILED
03 FEB 28 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FOREIGN LIMITED LIABILITY COMPANY

Oakridge Immediate Care Center, LLC

Name Availability	03 FEB 28 PM 2:03
Document Examined	DCC
Updated	3
Updater Verifier	
Acknowledgement	DCC
W. P. Verifier	DCC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

<https://ccfssl.dos.state.fl.us/scripts/cfilcovr.exe>

H03000066583

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

**IN COMPLIANCE WITH SECTION 608.301, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN
LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:**

1. OAKRIDGE IMMEDIATE CARE CENTER, LLC
(Name of foreign limited liability company)
2. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 35-2195965
(FEI number, if applicable)
4. 2/12/03
(Date of Organization)
5. Perpetual
(Duration: Year limited liability company will cease to exist or "perpetual")
6. Upon qualification
(Date first transacted business in Florida. (See sections 608.301, 608.302, and §17.135, F.S.)
7. 1000 N.E. 56th Street
Fort Lauderdale, FL 33304
(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:
Richard K. Inglis, Manager
2455 E. Sunrise Blvd., Suite 320 International Building
Fort Lauderdale, FL 33304

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: _____

provision of health care services

Richard K. Inglis, Manager
Signature of a member or an authorized representative of a member.
(In accordance with section 608.403(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Richard K. Inglis

Typed or printed name of signer

FILED
03 FEB 28 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H03000066583

**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:

OAKRIDGE IMMEDIATE CARE CENTER, LLC

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

C T Corporation System
(Name)
c/o C T Corporation System, 1200 South Pine Island Road
Florida street address (P.O. Box NOT ACCEPTABLE)
Plantation, FL 33324
(City/State/Zip)

FILED
03 FEB 28 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

C T Corporation System

By: Barbara A Burke

**BARBARA A BURKE
SPECIAL ASSISTANT SECRETARY**

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

H03000066583

Delaware

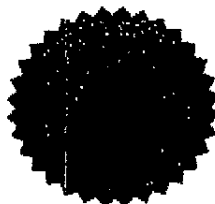
H03000066583

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "OAKRIDGE IMMEDIATE CARE CENTER, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SEVENTH DAY OF FEBRUARY, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

FILED
03 FEB 28 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State

3625130 8300

AUTHENTICATION: 2279332

030128486

DATE: 02-27-03

H03000066583