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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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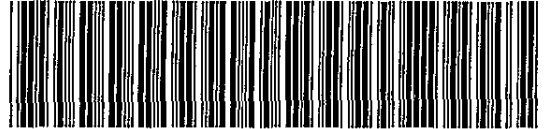
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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July 22, 2003

Department of State
Division of Corporations
Corporate Filings
Post Office Box 6327
Tallahassee, Florida 32314

RE: On Call Medical Associates, LLC.

Dear Sir or Madam:


Enclosed please find an original and one copy of the Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida to be filed for the above-referenced foreign limited liability company. I have also enclosed a Certificate of Status from the Secretary of State of Ohio which is the state of organization for the LLC together with our firm's check in the amount of \$155.00 which represents the following fees:

Filing Fee	\$ 100.00
Registered Agent Fee	25.00
Certified Copy	<u>30.00</u>
TOTAL	\$ 155.00

At your earliest convenience please file the original and return the certified copy of same to our office at the address referenced on the above letterhead.

Your kind attention to this matter is appreciated. Should you have any questions or require additional information please do not hesitate to contact our office. Thank you.

Sincerely, _


Jenice C. Jones, CLA
Certified Legal Assistant to
Vincent J. Whibbs, Jr., Esquire

/jcj
Enclosure(s)
CC: Client

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

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

1. On Call Medical Associates LLC
(Name of foreign limited liability company)
2. Ohio
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 31-14442773
(FEI number, if applicable)
4. 09/11/00
(Date of Organization)
5. perpetual
(Duration: Year limited liability company will cease to exist or "perpetual")
6. August 1, 2003
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. 5041 12th Avenue
Pensacola, FL 32504
(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:
Eric Hasemeier, 5041 12th Avenue, Pensacola, FL 32504

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: 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.)

Eric Hasemeier

Typed or printed name of signee

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**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:

On Call Medical Associates, LLC

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

Vincent J. Whibbs, Jr.

(Name)

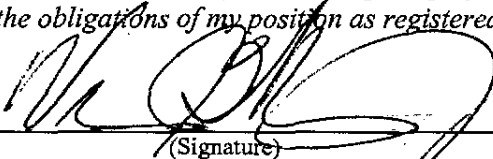
105 E. Gergory Square

Florida street address (P.O. Box **NOT** ACCEPTABLE)

Pensacola, FL 32501

(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.



(Signature)

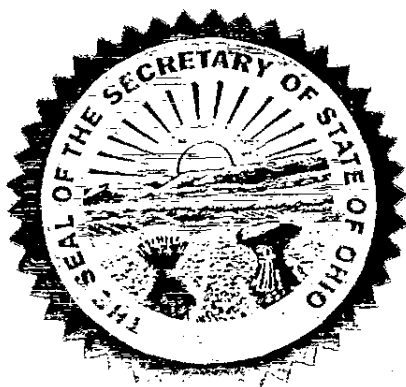
\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

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**UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE**

I, J. Kenneth Blackwell, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign corporations; that said records show ON CALL MEDICAL ASSOCIATES LLC, an Ohio Limited Liability Company, Registration No. 1180574, was organized within the State of Ohio on September 11, 2000, is currently in FULL FORCE AND EFFECT upon the records of this office.

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Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 16th day of July, A.D. 2003.

J. Kenneth Blackwell
Ohio Secretary of State