

OCT-08-200

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To:

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

From:

Account Name : NORTON, GURLEY, HAMMERSLEY & LOPEZ, P.A.  
Account Number : I20010000202  
Phone : (941) 954-4691  
Fax Number : (941) 954-2128

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DIVISION OF CORPORATIONS

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FOREIGN LIMITED LIABILITY COMPANY

SUMMIT MEDICAL PROPERTY, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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H04000201732 3

**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Summit Medical Property, LLC  
(Name of Limited Liability Company)

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

John M. Compton  
(Name of Person)

Norton, Hammersley, Lopez & Skokos, P.A.  
(Firm/Company)

1819 Main Street, Suite 610  
(Address)

Sarasota, Florida 34236  
(City/State and Zip Code)

For further information concerning this matter, please call:

John M. Compton at ( 941 ) 954-4691  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

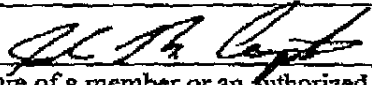
Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

**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. Summit Medical Property, LLC  
(Name of Foreign Limited Liability Company)
2. Michigan  
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 74-3130683  
(FEI number, if applicable)
4. August 17, 2004  
(Date of Organization)
5. Perpetual  
(Duration: Year limited liability company will cease to exist or "perpetual")
6. October 8, 2004  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 640 N. Old Woodward, Suite 302  
Birmingham, MI 48009  
(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:  
David C. Rubin, Manager  
640 N. Old Woodward, Suite 302  
Birmingham, MI 48009
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: Real Estate

  
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.)

John M. Compton  
Typed or printed name of signee

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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:

Summit Medical Property, LLC

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

John M. Compton

(Name)

1819 Main Street, Suite 610

Florida Street Address (P.O. Box NOT ACCEPTABLE)

Sarasota

FL

34236

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, Florida Statutes.*

  
(Signature)

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



Lansing, Michigan

*This is to Certify That*

**SUMMIT MEDICAL PROPERTY, LLC**

*was validly organized on August 17, 2004 as a Limited Liability Company. Said Limited Liability Company is validly in existence under the laws of this state and has satisfied its annual filing obligations.*

*This certificate is issued pursuant to the provisions of 1993 PA 23, as amended, to attest to the fact that the company is in good standing in Michigan as of this date.*

*This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.*



Sent by Facsimile Transmission  
812814

*In testimony whereof, I have hereunto set my hand,  
in the City of Lansing, this 6th day of October, 2004*

*Andrew S. Haff*  
Bureau of Commercial Services

, Director