

M11 000000675

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

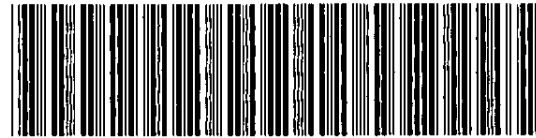
(Business Entity Name)

(Document Number)

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RECEIVED  
11 FEB 10 PM 2:48  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
11 FEB 10 PM 4:09  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

B. KOHR

FEB 10 2011

EXAMINER

CORPDIRECT AGENTS, INC. (formerly CCRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

FILING COVER SHEET  
ACCT. #FCA-14

CONTACT: Kim Weidenbach

DATE: 02/10/11

REF. #: 001343.142372

CORP. NAME: PHYSICIAN'S ACCESS URGENT CARE GROUP, LLC

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 FEB 10 PM 4:09

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION      |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME              |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL                   |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION |   |   |
| <input type="checkbox"/> OTHER:                      |   |   |

STATE FEES PREPAID WITH CHECK# 538498 FOR \$ 125.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

\_\_\_\_\_ COST LIMIT: \$ \_\_\_\_\_

PLEASE RETURN:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> CERTIFIED COPY        | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS |   |  |

Examiner's Initials

**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. The name of the Foreign Limited Liability Company is PHYSICIAN ACCESS URGENT CARE GROUP, LLC (the "Company").
2. The jurisdiction under the law of which the Company is organized is the State of Delaware.
3. The FEI number of the Company is 20-5685246.
4. The date of organization of the Company is December 13, 2010.
5. The period of duration of the Company shall be perpetual.
6. The date the Company first transacted business in Florida is February 1, 2011.
7. The street address of the principal office of the Company is 8788 SW 88<sup>th</sup> Street, Miami, Florida 33174.
8. The Company shall be manager-managed.
8. The name and usual business address of the manager of the Company is as follows:

GUY RUDOLPH MOISE  
9999 N.E. 2<sup>nd</sup> Avenue  
Suites 207 & 209  
Miami Shores, Florida 33138

10. Attached is an original certificate of existence for the Company, 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.
11. The Company's purpose is to transact all lawful activities and businesses that may be conducted by a limited liability company under the laws of the State of Florida.

  
\_\_\_\_\_  
GUY RUDOLPH MOISE, 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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)*

**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 PHYSICIAN ACCESS URGENT CARE GROUP, LLC.
2. The name and the Florida street address of the registered agent and office are:

COMPANY MANAGEMENT SERVICES, LLC  
8788 S.W. 88<sup>th</sup> Street  
Miami, Florida 33174

*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.*

COMPANY MANAGEMENT SERVICES, LLC,  
a Florida limited liability company

By: \_\_\_\_\_



Annette C. Deleon, Authorized Signatory

# Delaware

PAGE 1

*The First State*


I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PHYSICIAN ACCESS URGENT CARE GROUP, 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 SECOND DAY OF FEBRUARY, A.D. 2011.

4928421 8300

110095277

You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)



  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 8535710

DATE: 02-02-11