M1200000H195

·
(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
(,
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
'AUG 0 9 2012
L. SELLERS

1012 noval

Office Use Only

ų.



400237464524

07/16/12--01013--014 **125.00

12 AUG -2 PH 1: 17
SECRETARY OF STATE
AND AHASSEE, FLORIDA

COVER LETTER

Division of	on Section of Corporations	
and hundler . We	· Out of the	
SUBJECT:	midwest P	hysicians Services LLC Name of Limited Liability Company
		Liability Company for Authorization to Transact Business in Florida," Certificate of the above referenced foreign limited liability company to transact business in Florida
Please return all co	orrespondence concerning thi	s matter to the following:
<u></u>	Jerr.	Name of Person
		Name of Person
_	54, 7	Firm/Company
		Firm/Company
	الهله	44 Street Eq. 7 Address
		Address
	54, 7	City/State and Zip Code
	,	City/State and Zip Code
	Jgeh!	s: (to be used for future annual report notification)
For Comboning		·
For further informa	ntion concerning this matter, p	please call:
	erry Gahling	at (651) 292 - 2001 Area Code & Daytime Telephone Number
	Name of Person	Area Code & Daytime Telephone Number
	G ADDRESS: of Corporations	STREET ADDRESS: Division of Corporations
Registratio	on Section	Registration Section
P.O. Box (6327 ee, FL 32314	Clifton Building 2661 Executive Center Circle
rananasse	e, FL 32314	Tallahassee, FL 32301
Enclosed is a ch	eck for the following an iling Fee \$\int_{\text{Certificate of}}^{\text{\$130.00 Filing}}\$	nount: g Fee & \$\int\\$155.00\ \text{Filing Fee & }\int\\$160.00\ \text{Filing Fee, Certificate} \text{Status & Certified Copy}



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 18, 2012

JERRY GEHLING 166 4TH STREET EAST ST PAUL, MN 55101

SUBJECT: MIDWEST PHYSICIANS SERVICES, LLC

Ref. Number: W12000038184

We have received your document for MIDWEST PHYSICIANS SERVICES, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Leslie Sellers Regulatory Specialist II

Letter Number: 612A00019131

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 LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	REGISTE	RAF)REIG!
1. Midwest Physicians Services LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.,"	or "LLC.	")	-
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and atta consent of the managers or managing members adopting the alternate name. The alternate name must include Company," "L.L.C," "LLC.")			
2 Minneste 3 20-8087316			
2. Minnessta 3. 20 - 8087316 (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable			
4. (Date of Organization) (Date of Organization) 5. Perpetual (Duration: Year limited liability comparexist or "perpetual")	ıy will cc	asc to	-
6. None Yet (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	<u>. </u>		-
7. 166 4th Street East			-
St. Paul, MN SSION (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 fo	llows:		
Jerry Gehling Co St. Paul Radiology 166 4th Street & St. 7		V 53	lo1
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having	in zika od	y z j rec	xords in
the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a fore translation of the certificate under outh of the translator must be submitted.)	SE TO SE	1885 G	77
11. Nature of business or purposes to be conducted or promoted in Florida:	SSE	∾	
Healthrane Administrative Sources	mon mon	3	
Signature of a member or an authorized representative of a member.	TATE ORIDA	- 47	
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation penalties of perjury that the facts stated herein are true. I am aware that any false information subsidecument to the Department of State constitutes a third degree felony as provided for in s.81	mitted in a		
Typed or printed name of signee.			
Typed or printed name of signee,			

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:
Midwest Physicians Services, LLC
If unavailable, the alternate to be used in the state of Florida is:
2. The name and the Florida street address of the registered agent and office are:
MARK S. MARON (Name)
(Name)
1276 GAOVE TERRACE
Florida Street Address (P.O. Box NOT ACCEPTABLE)
City/State/Zip
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)

Certificate of Status (optional)

\$ 30.00 \$ 5.00 Date: September 23, 2011
To: Business Community

From: Office of the Minnesota Secretary of State

Re: Changes in Certificates and Filings

Please note that the look of the certificates issued to businesses by the Office of the Minnesota Secretary of State has changed as of September 6, 2011. As the attached example illustrates, certificates are no longer being printed on certificate paper with a blue border. Instead, they will soon be available to our customers online and therefore are printed on regular office paper in black ink.

The date stamp on amendments and other filings submitted online have also changed. Instead of appearing on the last page of the document, the date stamp now appears on an additional annotated page. Please see the attachment for an example. (Those submitted by mail will continue to look the same.)

If you have questions or need additional information, please contact this Office by phone at 651-296-2803 or toll-free 1-877-551-6767 or by email at <u>business.services@state.mn.us</u>.

FILED

12 AUG -2 PM 1: \$7

SECRETARY OF STATE

Office of the Minnesota Secretary of State Certificate of Good Standing

I, Mark Ritchie, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name: Midwest Physicians Services, LLC

Date Filed: 12/29/1999

File Number: 14563-LLC

Minnesota Statutes, Chapter: 322B

Home Jurisdiction: Minnesota

This certificate has been issued on: 07/11/2012

Mark Ritchie
Mark Ritchie

Secretary of State State of Minnesota