

L1300001818

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

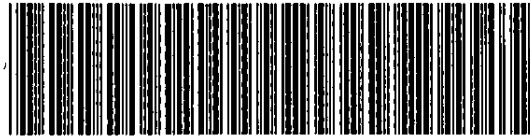
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2013 MAR 20 AM 8:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. SAULSBERRY  
EXAMINER  
MAR 22 2013



Sirote & Permutt, PC  
2311 Highland Avenue South  
Birmingham, AL 35205-2972

PO Box 55727  
Birmingham, AL 35255-5727

March 19, 2013

Margie M. Tolbert  
Paralegal  
mtolbert@sirote.com  
Tel: 205-930-5198  
Fax: 205-930-5101

**VIA FEDERAL EXPRESS**

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Re: Medical Web Doctor, LLC - Florida Qualification

Dear Sir/Madam:

Enclosed are the following:

1. Transmittal Letter and Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida (original and one copy).
2. Consent by President of Medical Web Doctor, Inc. for use of name by LLC.
3. Certificate of Good Standing from the State of Delaware dated February 15, 2013.
4. Check in the amount of \$125.00 to cover the filing fee.

Please review these documents and, if they are satisfactory, file them upon receipt and return the letter of acknowledgment in the return envelope provided. Should you have any questions, please call me or e-mail me at [mtolbert@sirote.com](mailto:mtolbert@sirote.com). Thank you for your assistance in this matter.

Very truly yours,

A handwritten signature in cursive script that reads "Margie M. Tolbert".  
Margie M. Tolbert  
Paralegal

Enclosures

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CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Medical Web Doctor, 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:

Margie Tolbert  
Name of Person  
Sirote & Permutt, P.C.  
Firm/Company  
2311 Highland Ave S, Suite 500  
Address  
Birmingham, AL 35205  
City/State and Zip Code  
tom@updikefamily.com  
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Margie Tolbert at 205 930-5198  
Name of Person Area Code & Daytime Telephone Number

**MAILING ADDRESS:**

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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  
TRANSACTION BUSINESS IN FLORIDA**

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

1. Medical Web Doctor, 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 attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")

2. Delaware

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 46-1455894

(FEI number, if applicable)

4. 11/20/2012

(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, if prior to registration.)  
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 32615 U.S. Highway 19 North, Suite 7

Palm Harbor, FL 34684

(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:

Thomas F. Updike P.O. Box 22553 Houston, Texas 77227-2553

Maria W. Updike P.O. Box 22553 Houston, Texas 77227-2553

James Kramer 32615 U.S. Highway 19 North, Suite 7, Palm Harbor, FL 34684

Barry M. Glenn, Key West Professional Center, 2708 Alternate 18 N., Suite 701 Palm Harbor, Florida 34683

Frank Dieckman 32615 U.S. Highway 19 North, Suite 7, Palm Harbor, FL 34684

Robert Lillo 2076 Swan Lane Palm Harbor, FL 34683

Gregory S. Davis 32615 U.S. Highway 19 North, Suite 7, Palm Harbor, FL 34684

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: provide the technical telehealth component of services worldwide

Thomas F. Updike  
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. 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.)

Thomas F. Updike

Typed or printed name of signer

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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:

**Medical Web Doctor, 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:

**Barry M. Glenn**

(Name)

**2997 Alternate 19, Suite A**

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

**Palm Harbor**

**FL**

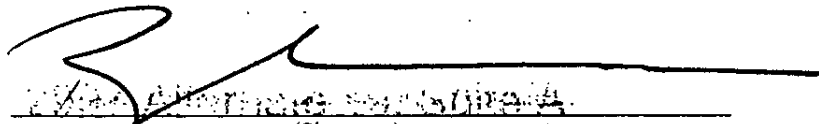
**34683**

City/State/Zip

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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*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.*

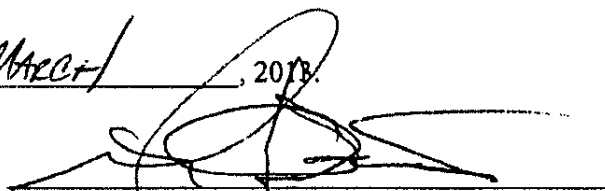
  
(Signature)

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

## CONSENT

I, the undersigned, as President of **Medical Web Doctor, Inc.**, a Florida corporation, hereby certify that the Corporation has been dissolved effective December 17, 2012 and does not intend to revoke such dissolution. Therefore, the rights provided by Section 607.1404 of the Florida Business Corporation Act are hereby waived and I hereby consent to the use of the corporate name, **Medical Web Doctor, LLC**, by the limited liability company formed under the laws of the State of Delaware on November 20, 2012 pursuant to the Application for Authorization to Transact Business included herewith. Pursuant to Section 608-406 of the Florida Limited Liability Company Act, I hereby direct the Secretary of State of the State of Florida accept the filing of the Application for Authorization to Transact Business of Medical Web Doctor, LLC.

Dated this 18 day of MARCH, 2013.

  
\_\_\_\_\_  
Greg S. Davis  
President

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TALLAHASSEE, FLORIDA

# Delaware

PAGE 1

*The First State*

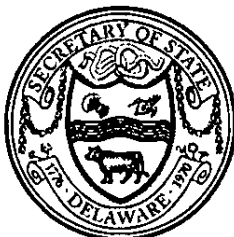
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MEDICAL WEB DOCTOR, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTEENTH DAY OF FEBRUARY, A.D. 2013.

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2013 MAR 20 AM 8:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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: 0220230

DATE: 02-15-13