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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

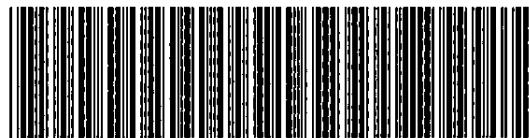
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status ☒

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14 JAN -8 PM 4:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 14 2014

T. BROWN

Coleman | Talley

ATTORNEYS

VALDOSTA | ATLANTA

A Limited Liability Partnership

Wade H. Coleman

(229) 242-7562

wade.coleman@colemantalley.com

colemantalley.com

910 N. Patterson St.

Valdosta, GA 31601

Phone (229) 242-7562

Fax (229) 333-0885

January 3, 2014

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

**RE: Southland Select Hospitalist Group, LLC Application for Authorization
to Transact Business in Florida**

Dear Sir/Madam:


Enclosed please find the following:

1. Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida;
2. Certificate of Designation of Registered Agent/Registered Office;
3. Original Certificate of Existence from the Georgia Secretary of State; and
4. Our firm's check in the amount of \$130.00 (\$100.00 for the Application, \$25.00 for the Designation of Registered Agent and \$5.00 for the Certificate of Status) for the fees necessary to process this Application and the issuance of the Certificate of Status for the Company.

Once you have processed this Application, please return to me a stamped file copy of the Application along with a Certificate of Status in the enclosed self-addressed envelope. If you have any questions, please do not hesitate to contact me.

With best regards, I am

Very truly yours,



Wade H. Coleman

WHC/mh
Enclosures

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

IN COMPLIANCE WITH SECTION 605, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. Southland Select Hospitalist Group, 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. Georgia

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

3. _____

(FEI number, if applicable)

4. October 31, 2013

(Date of Organization)

5. perpetual

(Duration: Year limited liability company will cease to exist or "perpetual")

6. _____

(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 100 S. Madison St.

Thomasville, GA 31792

(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:

M. Allen Lee, M.D., P.O. Box 1276, Thomasville, GA 31799

Jonathan S. Williams, D.O., P.O. Box 1276, Thomasville, GA 31799

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: providing emergency medicine physicians to hospital in Florida


Signature of a member or an authorized representative of a member.

(In accordance with section 605, 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.)

M. Allen Lee, M.D.

Typed or printed name of signee

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14 JAN -8 PM 4:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 60~~5~~ or 60~~5~~, 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:

Southland Select Hospitalist Group, 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:

John Steigner

(Name)

123 Arizona Street

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

Carrabelle

FL

32322

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 60~~5~~ 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)

STATE OF GEORGIA

Secretary of State
Corporations Division
313 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CONTROL NUMBER : 13460548
DATE INC/AUTH/FILED : October 31, 2013
JURISDICTION : Georgia
PRINT DATE : January 03, 2014

CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

SOUTHLAND SELECT HOSPITALIST GROUP, LLC
A Domestic Limited Liability Company

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



B. P. Kemp

Brian P. Kemp
Secretary of State