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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

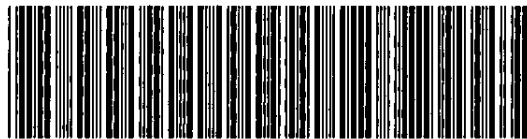
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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03/03/14--01043--019 **130.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 MAR 28 AM 10:52

MAR 28 2014
J. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: The Southland Medical Group, 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:

Wade H. Coleman

Name of Person

Coleman Talley LLP

Firm/Company

P.O. Box 5437

Address

Valdosta, GA 31603-5437

City/State and Zip Code

wade.coleman@colemantalley.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Richard Mise, CFO, Southland MD

Name of Contact Person

at (229)

Area Code

236-0831 ext. 102

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

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DIVISION OF CORPORATIONS
14 MAR 28 AM 10:52

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

February 25, 2014

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

**RE: The Southland Medical Group, LLC - Application for Authorization
to Transact Business in Florida**

Dear Sir/Madam:

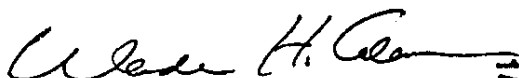
Enclosed please find the following:

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

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DIVISION OF CORPORATIONS
14 MAR 28 AM 10:52



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 13, 2014

WADE H COLEMAN
COLEMAN TALLEY LLP
P.O. BOX 5437
VALDOSTA, GA 31603-5437

SUBJECT: THE SOUTHLAND MEDICAL GROUP, LLC
Ref. Number: W14000014230

We have received your document for THE SOUTHLAND MEDICAL GROUP, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes. The proper form is enclosed for your convenience.

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.

Jenna D Harris
Regulatory Specialist II

Letter Number: 314A00005505

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DIVISION OF CORPORATIONS
14 MAR 28 AM 10:52



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 5, 2014

WADE H COLEMAN
COLEMAN TALLEY LLP
P.O. BOX 5437
VALDOSTA, GA 31603-5437

SUBJECT: THE SOUTHLAND MEDICAL GROUP, LLC
Ref. Number: W14000014230

We have received your document for THE SOUTHLAND MEDICAL GROUP, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes. The proper form is enclosed for your convenience.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

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) 245-6951.

JENNA D HARRIS
Regulatory Specialist II

Letter Number: 314A00004791

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STATE
SECRETARY OF
DIVISION OF CORPORATIONS
14 MAR 28 AM 10:52

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

*IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A
FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. The Southland Medical 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. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Georgia 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 100 S. Madison St.
Thomasville, GA 31792
(Street Address of Principal Office)


6. P.O. Box 1276
Thomasville, GA 31799
(Mailing Address)

7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

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

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

8. 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)



Signature of an authorized person

(In accordance with section 605.0203, 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., Manager

Typed or printed name of signee

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 MAR 28 AM 10:52

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

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), 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:

The Southland Medical 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

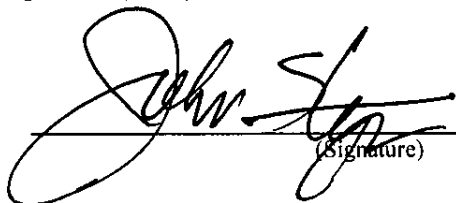
FL

32322

City/State/Zip

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 MAR 28 AM 10:51

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 605, 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 : 12088059
DATE INC/AUTH/FILED : November 07, 2012
JURISDICTION : Georgia
PRINT DATE : February 25, 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

THE SOUTHLAND MEDICAL 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

Tracking #: KSHahDXs