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(Requestor's Name)

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(City/State/Zip/Phone #)

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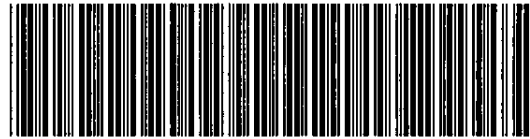
(Business Entity Name)

(Document Number)

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04/18/14--01003--014 **160.00

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14 MAY -2 AM 11:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers MAY 08 2014

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 21, 2014

ALFRED B SALGANICK MD
855 COUNTRY CLUB DR
CHULA VISTA, CA 91911-1454

SUBJECT: CHULA VISTA OXFORD CENTER LLC
Ref. Number: W14000025097

We have received your document for CHULA VISTA OXFORD CENTER LLC and your check(s) totaling \$1553.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

List the individuals title in #7.,

Please return the corrected original and one copy of 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.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 714A00008453

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Chula Vista Oxford Center, 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:

Alfred B. Salganick, M.D.

Name of Person

Chula Vista Oxford Center, LLC

Firm/Company

855 Country Club Drive

Address

Chula Vista, CA 91911-1454

City/State and Zip Code

teresitanow@hotmail.com

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

For further information concerning this matter, please call:

Teresita M. Salganick at (**619**) **426-8554**

Name of Contact 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 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A
FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. CHULA VISTA OXFORD CENTER, 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. CALIFORNIA 3. 33-0747761
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. MARCH 30, 2005
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 855 COUNTRY CLUB DRIVE
CHULA VISTA, CA 91911-1454
(Street Address of Principal Office)

6. 855 COUNTRY CLUB DRIVE
CHULA VISTA CA 91911-1454
(Mailing Address)

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

ALFRED B SALGANICK, M.D. - GENERAL PARTNER

855 COUNTRY CLUB DRIVE

CHULA VISTA CA 91911-1454

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)

Alfred B. Salganick MD

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.)

ALFRED B. SALGANICK, M.D

Typed or printed name of signer

**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:

Chula Vista Oxford Center, LLC

If unavailable, the alternate to be used in the state of Florida is:

Chula Vista Oxford Center, Florida LLC

2. The name and the Florida street address of the registered agent and office are:

Alicia Suarez

(Name)

1130 Cleveland Street, Suite 220

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

CLEARWATER

FL

33755-4834

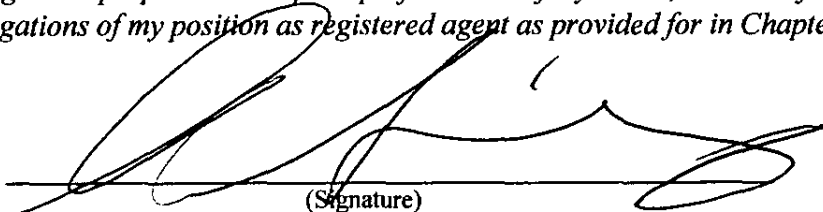
City/State/Zip

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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 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 California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME: CHULA VISTA OXFORD CENTER, LLC

FILE NUMBER: 199618310023
FORMATION DATE: 07/01/1996
TYPE: DOMESTIC LIMITED LIABILITY COMPANY
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of April 1, 2014.

Debra Bowen

DEBRA BOWEN
Secretary of State

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