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Florida Department of State
Division of Corporations
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Division of Corporations
Fax Number : (850) 617-6381

From:

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Account Number : 072731001155
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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Foreign Limited Liability Company
PHYSICIAN PARTNERS OF AMERICA FLORIDA MEDICAL
HOLDINGS LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
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TALLAHASSEE, FLORIDA

Jun. 10. 2015 8:28AM

No. 0015 P. 2

H15000139960

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

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

1. Physician Partners of America Florida Medical Holdings, 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. Delaware 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. 4730 N. Habana Avenue, Suite 204
Tampa, FL 33614
(Street Address of Principal Office)

6. 4730 N. Habana Avenue, Suite 204
Tampa, FL 33614
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: David L. Koche
Office Address: 601 Bayshore Blvd., Suite 700
Tampa, Florida 33606
(City) (Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in
this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept
the obligations of my position as registered agent.

David L. Koche
(Registered agent's signature)

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

David A. Wood, Manager

4730 N. Habana Avenue, Suite 204

Tampa, FL 33614

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath
of the translator must be submitted)

David A. Wood
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.)

David A. Wood, Manager

Typed or printed name of signer

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Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PHYSICIAN PARTNERS OF AMERICA FLORIDA MEDICAL HOLDINGS, 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 FOURTH DAY OF JUNE, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PHYSICIAN PARTNERS OF AMERICA FLORIDA MEDICAL HOLDINGS, LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF MAY, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

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150881804

You may verify this certificate online
at corp.delaware.gov/authvcr.shtml




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 2438614

DATE: 06-04-15

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