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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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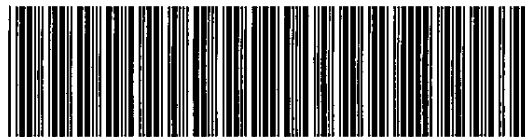
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2016 FEB - 1 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALLY
EXAMINER

FEB - 2

BRAD MILLER, P.C.
70 West Cushing Street
Tucson, Arizona 85701
(520) 884-8843 Phone
(520) 882-2640 Fax

January 29, 2016

By FedEx

Florida Department of State
Registration Section-Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Broward Stone Surgical Services, LLC.

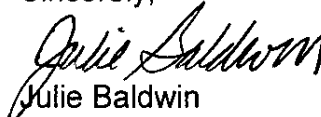
Ladies and Gentlemen:

Enclosed for filing are the following:

1. Two copies of the Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida for Broward Stone Surgical Services, LLC.
2. Check in the amount of \$125.00, \$100.00 for the filing fee and \$25.00 for the Designation of Registered Agent.
3. Certificate of Good Standing from the State of Nevada for Broward Stone Surgical Services, LLC.

Please send me a file-stamped copy in the enclosed pre-paid, self-addressed FedEx envelope. Please call me if you have any questions. Thank you.

Sincerely,


Julie Baldwin
Legal Assistant

/jb
Enclosure

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Broward Stone Surgical Services, 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:

Julie Baldwin

Name of Person

Brad Miller, P.C.

Firm/Company

70 West Cushing Street

Address

Tucson, AZ 85701

City/State and Zip Code

shopper@nextmed.net

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

For further information concerning this matter, please call:

Julie Baldwin

520

547-2447

Name of Contact Person

at ()

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 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. Broward Stone Surgical Services, 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. Nevada

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

3.

32-0482999
(FEI number, if applicable)

4. upon registration

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

5. 6339 East Speedway, Suite 201

Tucson, AZ 85710

(Street Address of Principal Office)

6. 6339 East Speedway, Suite 201

Tucson, AZ 85710

(Mailing Address)

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation

Florida 33324

(City)

(Zip code)

Registered agent's acceptance:

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 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.

By:

C T Corporation System

(Registered agent's signature)

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

NextMed Management Services, LLC (Manager)

6339 East Speedway, Suite 201

Tucson, AZ 85710

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)

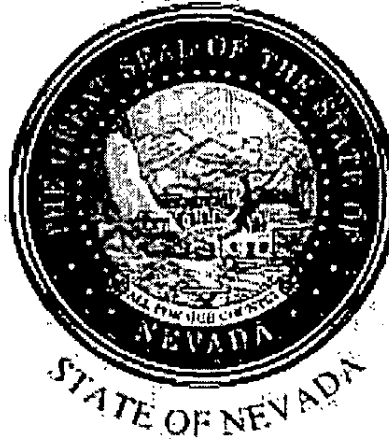
Signature of an authorized person

This document is executed in accordance with Section 605.0203 (1) (b), Florida Statutes. 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.

Typed or printed name of signee

Christopher Gleason, the President of Cristobal Enterprises, Inc., the
Manager of NextMed Holdings, LLC, the Manager of NextMed Management
Services, LLC, the Manager of Broward Stone Surgical Services, LLC

SECRETARY OF STATE



FILED
2016 FEB - 1 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, BARBARA K. CEGAVSKE, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **BROWARD STONE SURGICAL SERVICES, LLC**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since January 14, 2016, and is in good standing in this state.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on January 28, 2016.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Electronic Certificate
Certificate Number: C20160128-2291
You may verify this electronic certificate
online at <http://www.nvsos.gov/>