

M16000008410

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

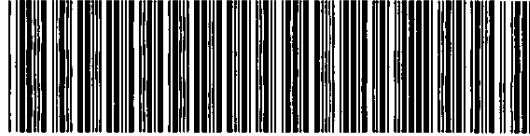
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W16-66779

649,2980

Office Use Only



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09/27/16--01022--029 \*\*160.00

OCT 21 2016  
S. YOUNG

FILED  
2016 SEP 26 AM 11:44  
TALLAHASSEE, FLORIDA

FILED  
2016 SEP 26 PM 1:36  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 28, 2016

MICHAEL MONTEMURRO  
INFINITY MEDICAL INSTITUTE LLC  
1715 N WESTSHORE BLVD STE 100  
TAMPA, FL 33607

SUBJECT: ENHANCE MEDICAL CONSULTING LLC  
Ref. Number: W16000066779

RECEIVED  
2016 OCT 21 PM 2:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for ENHANCE MEDICAL CONSULTING LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6051.

Shelia H Young  
Regulatory Specialist II

Letter Number: 816A00020857

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ENHANCE MEDICAL CONSULTING, 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:

MICHAEL MONTEMURRO

Name of Person

INFINITY MEDICAL INSTITUTE, LLC

Firm/Company

1715 N WEST SHORE BLVD STE 100

Address

TAMPA FL 33607

City/State and Zip Code

mike@infinitymedicalinstitute.com

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

For further information concerning this matter, please call:

MICHAEL MONTEMURRO

Name of Contact Person

at ( 813 ) 390-3913

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

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# 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. ENHANCE MEDICAL CONSULTING 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 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. 1715 N WESTSHORE BLVD STE 100  
TAMPA FL 33607  
(Street Address of Principal Office)

6. \_\_\_\_\_  
(Mailing Address)

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

Name: MICHAEL MONTEMURRO

Office Address: 5531 WINTAWIC WAY

LUTZ

(City)

, Florida

33558

(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.

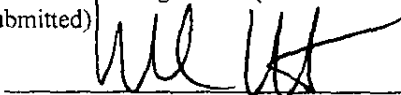


(Registered agent's signature)

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

MICHAEL MONTEMURRO MANAGING MEMBER (MGR)  
PATRICK BISHOP MANAGING MEMBER (MGR)

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.

MICHAEL MONTEMURRO

Typed or printed name of signee

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# SECRETARY OF STATE



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## 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, **ENHANCE MEDICAL CONSULTING 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 July 24, 2015, 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 October 13, 2016.

*Barbara K. Cegavske*

BARBARA K. CEGAVSKE  
Secretary of State

Electronic Certificate  
Certificate Number: C20161013-0142  
You may verify this electronic certificate  
online at <http://www.nvsos.gov/>

# ENHANCE MEDICAL CONSULTING LLC

## Business Entity Information

Status:	Active	File Date:	7/24/2015
Type:	Domestic Limited-Liability Company	Entity Number:	E0356252015-9
Qualifying State:	NV	List of Officers Due:	7/31/2017
Managed By:	Managing Members	Expiration Date:	
NV Business ID:	NV20151445316	Business License Exp:	7/31/2017

## Additional Information

Central Index Key:	
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## Registered Agent Information

Name:	BUSINESS FILINGS INCORPORATED	Address 1:	701 S CARSON ST STE 200
Address 2:		City:	CARSON CITY
State:	NV	Zip Code:	89701
Phone:		Fax:	
Mailing Address 1:		Mailing Address 2:	
Mailing City:		Mailing State:	NV
Mailing Zip Code:			
Agent Type:	Commercial Registered Agent - Other		
Jurisdiction:	DELAWARE	Status:	Active

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CLERK  
SEP 26 PM 4:35  
16

## Financial Information

No Par Share Count:	0	Capital Amount:	\$ 0
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No stock records found for this company

## Officers

☐ Include Inactive Officers

### Managing Member - PATRICK BISHOP

Address 1:	7480 KINGS MOUNTAIN RD	Address 2:	
City:	VESTAVIA HILLS	State:	AL
Zip Code:	35242	Country:	USA
Status:	Active	Email:	

<b>Managing Member - MICHAEL MONTEMURRO</b>			
<b>Address 1:</b>	5531 WINHAWK WAY	<b>Address 2:</b>	
<b>City:</b>	LUTZ	<b>State:</b>	FL
<b>Zip Code:</b>	33558	<b>Country:</b>	USA
<b>Status:</b>	Active	<b>Email:</b>	

<b>- Actions\Amendments</b>			
<b>Action Type:</b>	Articles of Organization		
<b>Document Number:</b>	20150334165-80	<b># of Pages:</b>	1
<b>File Date:</b>	7/24/2015	<b>Effective Date:</b>	
(No notes for this action)			
<b>Action Type:</b>	Initial List		
<b>Document Number:</b>	20150384052-70	<b># of Pages:</b>	1
<b>File Date:</b>	8/28/2015	<b>Effective Date:</b>	
(No notes for this action)			
<b>Action Type:</b>	Annual List		
<b>Document Number:</b>	20160329989-59	<b># of Pages:</b>	1
<b>File Date:</b>	7/26/2016	<b>Effective Date:</b>	
(No notes for this action)			

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