

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note:** Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : JOHNSON, POPE, BOKOR, RUPPEL & BURNS, LLP.  
Account Number : 076666002140  
Phone : (727)461-1818  
Fax Number : (727)441-8617

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

Email Address:

Kimemrick@aol.com

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Foreign Limited Liability Company  
Global Physician Network LLC Series I

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2017 JUN 20 AM 9:53

FILED



June 21, 2017

JOHNSON, POPE, BOKOR, RUFFEL & BURNS, LLP  
FLORIDA DEPARTMENT OF STATE  
Division of CorporationsSUBJECT: GLOBAL PHYSICIAN NETWORK LLC SERIES I  
REF: W17000051287

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

Pursuant to s. 605.0802(1)(a), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

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.

Deborah Bruce  
Regulatory Specialist III

FAX Aud. #: H17000164328  
Letter Number: 517A00012537

P.O. BOX 6327 - Tallahassee, Florida 32314

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Division of Corporations

Page 1 of 2

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Email Address: Kimemcick@aol.com

Foreign Limited Liability Company

((H17000164328 3)))

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Global Physician Network LLC Series I

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:

Lori L. Ammons

Name of Person

Johnson Pope

Firm/Company

333 Third Avenue North, Suite 200

Address

St. Petersburg, FL 33701

City/State and Zip Code

klmemrick@aol.com

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

For further information concerning this matter, please call:

Lori L. Ammons

727

483-5685

at

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

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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:

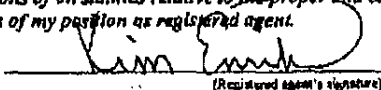
1. Global Physician Network LLC Series I  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")  
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")
2. Illinois  
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 82-1870027  
(FEL number, if applicable)
4. \_\_\_\_\_  
(Does this company have a business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 1700 South Tamiami Trail  
(Street Address of Principal Office)  
Sarasota FL 34239
6. Same  
(Mailing Address)

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

Name: Kim Emrick  
Office Address: 1700 South Tamiami Trail  
Sarasota, Florida 34239  
(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.

  
(Registered agent's signature)

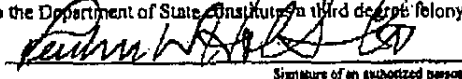
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
	See Attached List - all the attached are managers		

(Use attachments if necessary)

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)

10. This document is executed in accordance with section 605.0209(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.

  
Signature of an authorized person

Reuben W. Holland III

Typed or printed name of signer

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TALLAHASSEE, FLORIDA

First Name	Last Name	Address	City	ST	ZIP
Bryan	Berry	8963 Fishermens Bay Drive	Sarasota	FL	34231
Tara	Butler	3238 Rose St	Sarasota	FL	34239
Kevin	Casebolt	4703 Hunters Run	Sarasota	FL	34241
W. Andrew	Downes	8275 Barton Farms Blvd	Sarasota	FL	34240
Brian	Garby	4024 Red Rock Lane	Sarasota	FL	34231
Joel	Gerber	525 Outrigger Lane	Longboat Key	FL	34228
Reuben W.	Holland, III	5341 Hidden Harbor Road	Sarasota	FL	34242
Mark C.	Johnson	7378 Stacy Lane	Sarasota	FL	34241
Steven W.	Kamm	441 Meadow Lark Drive	Sarasota	FL	34236
Bruce	Kruglick	1305 North Lakeshore Drive	Sarasota	FL	34231
Sarah	Temple	9657 18th Ave Circle NW	Bradenton	FL	34209
Lisa	Tichenor	1740 Alderman Street #11	Sarasota	FL	34236
Tara	Wendt	4949 Myakka Valley Trail	Sarasota	FL	34241
Brett	Williams	110 Mimosa Drive	Sarasota	FL	34232

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

File Number

0622190-4



**To all to whom these Presents Shall Come, Greeting:**

*I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

GLOBAL PHYSICIAN NETWORK, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON MAY 26, 2017, AND HAVING ESTABLISHED A SERIES WITH THE DESIGNATED NAME OF GLOBAL PHYSICIAN NETWORK, LLC SERIES 1 ON JUNE 08, 2017, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



Authentication #: 1716602712 verifiable until 06/15/2018  
Authenticate at: <http://www.cyberdriveillinois.com>

**In Testimony Whereof, I hereto set**  
*my hand and cause to be affixed the Great Seal of*  
*the State of Illinois, this 15TH*  
*day of JUNE A.D. 2017 .*

*Jesse White*

SECRETARY OF STATE

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