

M18000005930

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.

(((H18000188153 3)))



H180001881533ABC2

**Note: DO NOT** hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : SPIEGEL & UTRERA, P.A.  
Account Number : FCA00000001  
Phone : (305) 854-6000  
Fax Number : (305) 860-2076

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

Email Address: \_\_\_\_\_

Foreign Limited Liability Company  
PHYSICIAN NETWORK SERVICES LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

RECEIVED  
DIVISION OF CORPORATIONS  
JUN 26 2018

2018 JUN 25 PM 4:36

RECEIVED

H18000188153 3

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS  
IN FLORIDAIN 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 NETWORK SERVICES LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLP")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLP")

2. DELAWARE

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

3. 82-5446375

(FE number, if applicable)

4. UPON FILING(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S., to determine penalty liability.)5. 3120 South Ocean Boulevard,

(Street Address of Principal Office)

#1202

Palm Beach, FL 334806. 3120 South Ocean Boulevard,

(Mailing Address)

#1202

Palm Beach, FL 334807. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)Name: SPIEGEL & UTRERA, P.A.Office Address: 1840 SW 22nd Street, 4th FloorMiami

(City)

Florida 33145

(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.SPIEGEL & UTRERA, P.A.By: Natalia Utrera NATALIA UTRERA, Vice-President  
(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:Operating ManagerMichael Gitman3120 Ocean Boulevard, #1202  
Palm Beach, FL 33480Vice-Operating Mgr.Steven Budker3120 Ocean Boulevard, #1202  
Palm Beach, FL 33480

(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 605.0203 (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 Gitman  
Signature of an authorized personMichael Gitman

Typed or printed name of signer

H18000188153 3

H18000188153 3

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "PHYSICIAN NETWORK SERVICES 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 TWELFTH DAY OF JUNE, A.D. 2018.



6871920 8300

SR# 20185082654

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 202861529

Date: 06-12-18

H18000188153 3