

M19000004038

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

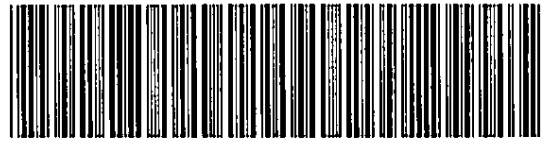
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W19000032230

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TALLAHASSEE, FLORIDA

4/22/19 YS



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 30, 2019

JASON WILSON  
2113 RUBY RED BLVD.  
SUITE:A  
CLERMONT, FL 34714

SUBJECT: DESERT VALLEY URGENT CARE, PLLC  
Ref. Number: W19000032230

We have received your document for DESERT VALLEY URGENT CARE, PLLC and your check(s) totaling \$125.00. 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.

Florida law does not provide for the recognition of a foreign professional limited liability company. An acceptable limited liability company suffix will need to be added to your entity name for this Department to accept and file your document.

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) 245-6052.

Yvette Scott  
Document Specialist II

Letter Number: 719A00006330

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Desert Valley Urgent Care, PLLC

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:

Jason Wilson

Name of Person

Desert Valley Urgent Care, PLLC

Firm/Company

2113 Ruby Red Blvd, Suite C

Address

Clermont, FL 34714

City/State and Zip Code

admin@atlantishs.com

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

For further information concerning this matter, please call:

Jason Wilson

716

316-9712

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:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**



\$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

Ref# 719A00006330

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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. Desert Valley Urgent Care, PLLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

Desert Valley Urgent Care, PLLC, 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. Arizona 3. 20-4218688  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. 250 W. Chandler Heights Road 6. 2113 Ruby Red Blvd. Suite B  
(Street Address of Principal Office) (Mailing Address)  
Chandler, Arizona 85248 Clermont, Florida 34714

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

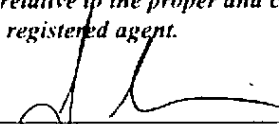
Name: Jason Wilson

Office Address: 2113 Ruby Red Blvd, Suite C

Clermont 34714  
(City) , Florida (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)

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

### LIMITED LIABILITY COMPANY

#### ENTITY INFORMATION

**ENTITY NAME:** DESERT VALLEY URGENT CARE, PLLC  
**ENTITY ID:** P12593963  
**ENTITY TYPE:** Domestic Professional LLC  
**PERIOD OF DURATION:** Perpetual  
**PROFESSIONAL SERVICES:** Professional Medical Services  
**CHARACTER OF BUSINESS:** Any legal purpose  
**MANAGEMENT STRUCTURE:** Manager-Managed

#### STATUTORY AGENT INFORMATION

**STATUTORY AGENT NAME:** Atlantis Program Manager of Southwest LLC  
**PHYSICAL ADDRESS:** Attn: S. Ali Karim, 50 E. Rio Salado Parkway, TEMPE, AZ  
85281

**MAILING ADDRESS:**

#### KNOWN PLACE OF BUSINESS

Att: Legal, 250 W Chandler Heights Road, CHANDLER, AZ 85248

#### PRINCIPALS

Manager: Jason Wilson - 250 W Chandler Heights Road, CHANDLER, AZ 85248, USA - - Date of Taking Office:  
Manager: Leonel Edwards MD - 250 W Chandler Heights Road, CHANDLER, AZ 85248, USA - - Date of Taking  
Office:

#### SIGNATURE

Manager: Jason Wilson - 03/01/2019

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# STATE OF ARIZONA



## Office of the CORPORATION COMMISSION

### CERTIFICATE OF GOOD STANDING

I, the undersigned Executive Director of the Arizona Corporation Commission, do hereby certify that:

#### DESERT VALLEY URGENT CARE, PLLC

ACC file number: P12593963

was incorporated under the laws of the State of Arizona on 01/27/2006, and that, according to the records of the Arizona Corporation Commission, said limited liability company is in good standing in the State of Arizona as of the date this Certificate is issued.

This Certificate relates only to the legal existence of the above named entity as of the date this Certificate is issued, and is not an endorsement, recommendation, or approval of the entity's condition, business activities, affairs, or practices.

IN WITNESS WHEREOF, I have hereunto set my hand, affixed the official seal of the Arizona Corporation Commission, and issued this Certificate on this date: 04/03/2019



*Matthew Neubert*

Matthew Neubert, Executive Director

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SECRETARY OF STATE  
ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 04/03/2019 BY [redacted]