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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : ALLSTATE CORPORATE SERVICES CORP
Account Number : I20040000031
Phone : (800)906-9220
Fax Number : (800)906-9880

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

Email Address: _____

2019 AUG 22 AM 11:25

Foreign Limited Liability Company
SM PHYSIATRY PLLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	$130.00

19 AUG 22 PM 12:11

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AUG 23 2019

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COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: SM PHYSIATRY 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:

SAL ABECASIS
Name of Person

ALLSTATE CORPORATE SERVICES CORP.
Firm/Company

2215 HENDRICKSON STREET, SUITE 1
Address

BROOKLYN, NY 11234
City/State and Zip Code

FILING@ACS123.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SAL ABECASIS at (800) 906-9220
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

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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

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. SM PHYSIATRY PLLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

SM PHYSIATRY 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. PENNSYLVANIA
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(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. 1345 N Hwy A1A #608
(Street Address of Principal Office)
Indialantic, FL 32903

6. 1345 N Hwy A1A #608
(Mailing Address)
Indialantic, FL 32903

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

Name: REGISTERED AGENT SOLUTIONS, INC.

Office Address: 155 Office Plaza Dr., Suite A

Tallahassee (City), Florida 32301 (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.

Assistant Secretary on behalf of
(Registered agent's signature)
Registered Agent Solutions, Inc.

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
☐ Manager	Name: SIOBAN MCDERMOTT, MD	☐ Manager	Name:
■ Member	Address: 1345 N Hwy A1A #608	☐ Member	Address:
☐ Authorized	Indialantic, FL 32903	☐ Authorized	
Person		Person	
☐ Other	☐ Other	☐ Other	☐ Other
☐ Manager	Name:	☐ Manager	Name:
☐ Member	Address:	☐ Member	Address:
☐ Authorized		☐ Authorized	
Person		Person	
☐ Other	☐ Other	☐ Other	☐ Other
☐ Manager	Name:	☐ Manager	Name:
☐ Member	Address:	☐ Member	Address:
☐ Authorized		☐ Authorized	
Person		Person	
☐ Other	☐ Other	☐ Other	☐ Other

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Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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.

Signature of an authorized person

STEVEN WEISS

Typed or printed name of signee

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

08/22/2019

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

SM PHYSIATRY PLLC

is duly registered as a Pennsylvania Professional Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Kathy Boockvar

Acting Secretary of the Commonwealth

Certification Number: TSC190822110629-1

Verify this certificate online at http://www.corporations.pa.gov/orders/verify