M19000011899

(Requestor's Name)

(Address)

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(Business Entity Name)

(Document Number)

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T GLASS

DEC 16 2019

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallhassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 094907 8283724

AUTHORIZATION :

COST LIMIT : $ 1041.25

ORDER DATE : December 9, 2019

ORDER TIME : 10:07 AM

ORDER NO. : 094907-060

CUSTOMER NO: 8283724

FOREIGN FILINGS

NAME: SMART PHYSICIAN RECRUITING, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kadesha Roberson -- EXT# 62980

EXAMINER: _____

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallhassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 094907 8283724

AUTHORIZATION :

COST LIMIT : $ 125.00

ORDER DATE : December 9, 2019

ORDER TIME : 10:07 AM

ORDER NO. : 094907-060

CUSTOMER NO: 8283724

FOREIGN FILINGS

2019 DEC 13 A 11:14

NAME: SMART PHYSICIAN RECRUITING, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kadesha Roberson -- EXT# 62980

EXAMINER: _____

RESUBMIT
Please give original submission date as file date

FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 11, 2019

CSC

SUBJECT: SMART PHYSICIAN RECRUITING, LLC
Ref. Number: W19000106852

We have received your document for SMART PHYSICIAN RECRUITING, LLC and your check(s) totaling $. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least $500 but not more than $1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is $916.25.

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.

Tacarri K Glass
Regulatory Specialist II

Letter Number: 519A00025121

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Smart Physician Recruiting, 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:

Michelle Sanderson, CP
Name of Person

Alteon Health, LLC
Firm/Company

900 S. Pine Island Road, Suite 205
Address

Plantation, Florida 33324
City/State and Zip Code

Legal@alteonhealth.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michelle Sanderson, CP at (954) 686-0567
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. Smart Physician Recruiting, 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. Wisconsin
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 27-2497609
(FEI number, if applicable)

4. April 15, 2016
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability.)

5. 12420 Milestone Center Drive, Suite 200
(Street Address of Principal Office)
Germantown, Maryland 20876

6. 900 S. Pine Island Road, Suite 205
(Mailing Address)
Plantation, Florida 33324

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee (City), Florida 32301 (Zip code)

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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.

Corporation Service Company
By: Amanda E. Robinson
(Registered agent's signature)

Amanda Robinson
Asst. Vice President

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: 4M Acquisition, LLC	☐ Manager	Name: Stephen Holtzclaw, M.D.
☒ Member	Address: 12420 Milestone Center Dr.	☐ Member	Address: 900 S. Pine Island Road
☐ Authorized	Germantown, Maryland 20876	☐ Authorized	Suite 205
Person		Person	Plantation, Florida 33324
☐ Other	☐ Other	☒ Other CEO	☒ Other President
☐ Manager	Name: Amy Charley, Esq.	☐ Manager	Name: Michael Manfull
☐ Member	Address: 900 S. Pine Island Road	☐ Member	Address: 12420 Milestone Center Dr.
☐ Authorized	Suite 205	☐ Authorized	Suite 200
Person	Plantation, Florida 33324	Person	Germantown, Maryland 20876
☒ Other CLO	☒ Other Secretary	☒ Other Controller	☐ Other
☐ Manager	Name:	☐ Manager	Name:
☐ Member	Address:	☐ Member	Address:
☐ Authorized		☐ Authorized	
Person		Person	
☐ Other	☐ Other	☐ Other	☐ Other

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

Amy Charley, Esq.

Typed or printed name of signee

2019 OCT 18 AM 11:47

United States of America

State of Wisconsin

DEPARTMENT OF FINANCIAL INSTITUTIONS

Division of Corporate & Consumer Services

To All to Whom These Presents Shall Come, Greeting:

I, David J Duecker, Deputy Administrator of the Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

SMART PHYSICIAN RECRUITING, LLC

is a domestic corporation or a domestic limited liability company organized under the laws of this state and that its date of incorporation or organization is February 27, 2010.

I further certify that said corporation or limited liability company has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 180.1921, 181.1622 or 183.0120 Wis. Stats., and that it has not filed articles of dissolution.

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IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on November 05, 2019.

DAVID J DUECKER, Deputy Administrator
Division of Corporate and Consumer Services
Department of Financial Institutions

DFI/Corp/33

To validate the authenticity of this certificate

Visit this web address: http://www.wdfi.org/apps/ccs/verify/

Enter this code: **254646-E042DF2A**