

M19000011899

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

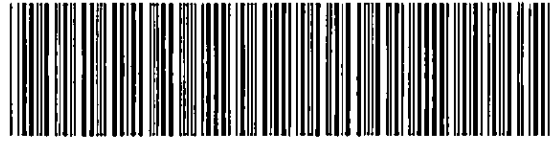
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T GLASS

DEC 16 2019

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

ACCOUNT NO. : I20000000195

REFERENCE : 094907 8283724

AUTHORIZATION :

COST LIMIT : \$1041.25

[Handwritten Signature]

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: _____

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

ACCOUNT NO. : I20000000195

REFERENCE : 094907 8283724

AUTHORIZATION : *[Signature]*

COST LIMIT : \$ 125.00

ORDER DATE : December 9, 2019

ORDER TIME : 10:07 AM

ORDER NO. : 094907-060

CUSTOMER NO: 8283724

FOREIGN FILINGS

NAME: SMART PHYSICIAN RECRUITING,
LLC

2019 DEC 13 7:11:14

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

2019 DEC 13 11:11:14

19 DEC 13 11:11:14

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

954

686-0567

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

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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. 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 27-2497609
(Jurisdiction under the law of which foreign limited liability company is organized) (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 200 900 S. Pine Island Road, Suite 205
(Street Address of Principal Office) (Mailing Address)
Germantown, Maryland 20876 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, Florida 32301
(City) (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:**

☒ Manager Name: 4M Acquisition, LLC
☒ Member Address: 12420 Milestone Center Dr.
 Germantown, Maryland 20876
☐ Authorized Person
☐ Other ☐ Other

☐ Manager Name: Amy Charley, Esq.
☐ Member Address: 900 S. Pine Island Road
☐ Authorized Suite 205
 Person Plantation, Florida 33324
☒ Other CLO ☒ Other Secretary

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
 Person _____
☐ Other ☐ Other

Title or Capacity: **Name and Address:**

☐ Manager Name: Stephen Holtzclaw, M.D.
☐ Member Address: 900 S. Pine Island Road
☐ Authorized Suite 205
 Person Plantation, Florida 33324
☒ Other CEO ☒ Other President

☐ Manager Name: Michael Manfull
☐ Member Address: 12420 Milestone Center Dr.
☐ Authorized Suite 200
 Person Germantown, Maryland 20876
☒ Other Controller ☐ Other

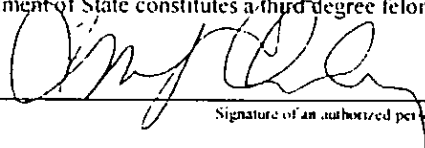
☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
 Person _____
☐ Other ☐ Other

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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
 Amy Charley, Esq.
 Typed or printed name of signer

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.

2019 DEC 13 AM 11:14



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

A handwritten signature in black ink, appearing to read "David J Duecker".

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**