

FILED



Access Physicians

December 27, 2019

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Your Ref. Number W19000105287
Access Physicians, PLLC

Gentlemen:

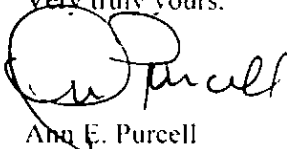
I received a letter from Yvette Scott, Document Specialist II in your office, rejecting my filing of an Application for Foreign Limited Liability Company for Authorization to Transact Business in Florida, with the reference number shown above. I have tried on multiple occasions to contact your office at the phone number Ms. Scott's letter provided in case I had questions about the letter. Unfortunately, the recording about selecting the correct option repeats itself every time I selected an option, with no opportunity to leave a voice mail message. And so I am writing to ask that someone from your office call me to answer to my question about Ms. Scott's letter.

The letter said I need to add "LLC" to my entity's name because Florida does not recognize foreign professional LLCs. But my filing specified a fictitious name that included "LLC" instead of "PLLC," on the second part of line 1 of the application to register the foreign entity in Florida. That line asks, first, what the entity's name is, and the correct answer to that question is a name that includes "PLLC." But I did comply with the request for a name using "LLC" when I specified the fictitious name immediately after giving the correct name.

I am not sure how else to comply with your application form and register my entity in the State of Florida, and so I would appreciate a call from someone in your office in this regard. Thank you.

For your convenience, I am enclosing a copy of Ms. Scott's letter and the filing your office rejected.

Very truly yours,



Ann E. Purcell
General Counsel
817-840-7725
ann.purcell@accessphysicians.com

Enclosure

FILED
2020 JAN -2 PM 2:09
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 7, 2019

ANN E. POWELL
1717 MAIN STREET
SUITE:5850
DALLAS, TX 75201

Purcell

SUBJECT: ACCESS PHYSICIANS, PLLC
Ref. Number: W19000105287

We have received your document for ACCESS PHYSICIANS, 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):

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) 245-6051.

Yvette Scott
Document Specialist II

Letter Number: 819A00024917

RECEIVED
JAN 02 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Access Physicians, PLLC, d/b/a AP US 8, 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:

Ann E. Purcell

Name of Person

Access Physicians, PLLC

Firm/Company

1717 Main Street, Suite 5850

Address

Dallas, Texas 75201

City/State and Zip Code

Ann.Purcell@AccessPhysicians.com

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

For further information concerning this matter, please call:

Ann E. Purcell

817

840-7725

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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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. Access Physicians, PLLC, *hhl*
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC.")
AP US 8, LLC
(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 "LLC.")
2. Texas
(Jurisdiction under the law of which foreign limited liability company is organized)
3. N/A
(FEI number, if applicable)
4. N/A -- Not transacting business in Florida yet
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 1717 Main Street, Suite 5850
(Street Address of Principal Office)
6. 1717 Main Street, Suite 5850
(Mailing Address)
- Dallas, Texas 75201
Dallas, Texas 75201

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

Name: Capitol Corporate Services, Inc.

Office Address: 515 East Park Avenue, 2nd Floor

Tallahassee 32301
(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.

Delanie Case

(Registered agent's signature)

Delanie Case, asst. sec.

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: Christopher Gallagher

☒ Member Address: 1717 Main Street, Suite 5850

☐ Authorized Dallas, Texas 75201

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

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

☒ Manager Name: Eduardo Vadia

☒ Member Address: 1717 Main Street, Suite 5850

☐ Authorized Dallas, Texas 75201

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ 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

Christopher Gallagher

Typed or printed name of signer

8 Nov. 2019



Office of the Secretary of State

Certificate of Fact

The undersigned, as Deputy Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Access Physicians, PLLC (file number 801782622), a Domestic Limited Liability Company (LLC), was filed in this office on May 13, 2013.

It is further certified that the entity status in Texas is in existence.

It is further certified that our records indicate CHRISTOPHER M GALLAGHER as the designated registered agent for the above named entity and the designated registered office for said entity is as follows:

1717 MAIN STREET, SUITE 5850

DALLAS, TX - 75201 USA

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2020 JAN - 21 AM 2:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on August 21, 2019.



A handwritten signature of Jose A. Esparza, consisting of stylized initials and a long horizontal line.

Jose A. Esparza
Deputy Secretary of State