





FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 19, 2020

CRAIG ESQUENAZI, ESQ.  
1580 SANTA BARBARA BLVD.  
LADY LAKE, FL 32159

SUBJECT: QUANTUM INPATIENT MEDICAL SERVICES LLC  
Ref. Number: W20000017650

We have received your document for QUANTUM INPATIENT MEDICAL SERVICES LLC and your check(s) totaling \$130.00. 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.

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: 120A00003719

RECEIVED

MAR 12 2020

[www.sunbiz.org](http://www.sunbiz.org)

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: QUANTUM INPATIENT MEDICAL SERVICES 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:

CRAIG ESQUENAZI, ESQ.

Name of Person

PREMIER MEDICAL ASSOCIATES

Firm/Company

1580 SANTA BARBARA BLVD.

Address

LADY LAKE, FL 32159

City/State and Zip Code

CORPORATE@PMACARE.COM

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

FILED  
2020 MAR 12 PM 2:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

CRAIG ESQUENAZI, ESQ.

954

817-2035

at ( )

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address:

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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. QUANTUM INPATIENT MEDICAL SERVICES LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

QUANTUM INPATIENT MEDICAL SERVICES L.L.C.

(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. DELAWARE  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 84-4188025  
(FEI number, if applicable)

4. JANUARY 2, 2020  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1580 SANTA BARBARA BLVD.  
(Street Address of Principal Office)

6. 1580 SANTA BARBARA BLVD.  
(Mailing Address)

LADY LAKE, FL 32159

LADY LAKE, FL 32159

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

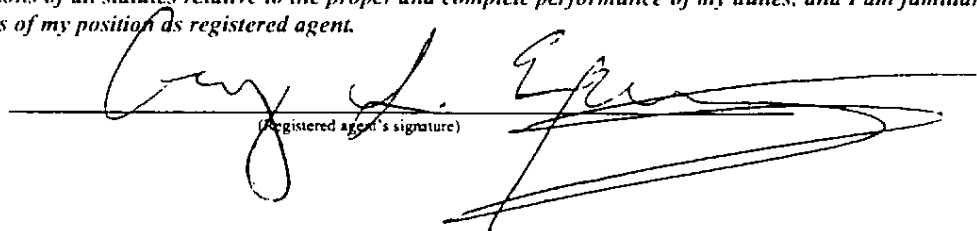
Name: CRAIG ESQUENAZI, ESQ.

Office Address: 1580 SANTA BARBARA BLVD.

LADY LAKE, Florida 32159  
(City) (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)

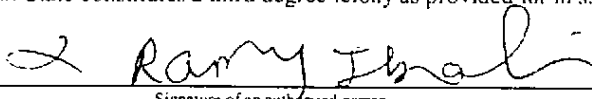
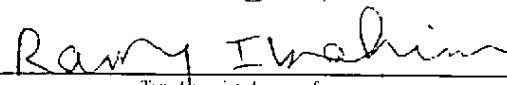
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: DINESH KHANNA	<input type="checkbox"/> Manager	Name: TRISHA KHANNA
<input checked="" type="checkbox"/> Member	Address: 1580 SANTA BARBARA BLV	<input checked="" type="checkbox"/> Member	Address: 1580 SANTA BARBARA BLV
<input type="checkbox"/> Authorized	LADY LAKE, FL 32159	<input type="checkbox"/> Authorized	LADY LAKE, FL 32159
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: ROHAN KHANNA	<input type="checkbox"/> Manager	Name: DR. RAMY-INC.
<input checked="" type="checkbox"/> Member	Address: 1580 SANTA BARBARA BLV	<input checked="" type="checkbox"/> Member	Address: 3304 SENNETT CIRCLE
<input type="checkbox"/> Authorized	LADY LAKE, FL 32159	<input type="checkbox"/> Authorized	OXFORD, FL 34484
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> 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  
  
 \_\_\_\_\_  
 Typed or printed name of signee

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "QUANTUM INPATIENT MEDICAL SERVICES, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SECOND DAY OF MARCH, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "QUANTUM INPATIENT MEDICAL SERVICES, LLC" WAS FORMED ON THE SECOND DAY OF JANUARY, A.D. 2020.

FILED  
2020 MAR 12 PM 2:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



7779871 8300

SR# 20201706300

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 202491654

Date: 03-02-20