

M22000002391

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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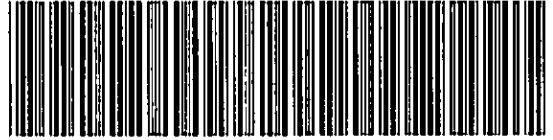
(Business Entity Name)

(Document Number)

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22 FEB 14 PM 5:45

T. LEMIEUX
FEB 15 2022

121-105655

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CONCORD PHYSICIAN SOLUTIONS 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:

SIMONE KEIZE

Name of Person

HYNDS KEIZE & ASSOCIATES LLC

Firm/Company

111 NORTH PINE ISLAND RD STE 102

Address

PLANTATION, FL 33324

City/State and Zip Code

SIMONE.KEIZE@HYNDSKEIZECPA.COM

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

For further information concerning this matter, please call:

SIMONE KEIZE

754

422-5208

Name of Contact Person

at ()

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 27, 2021

SIMONE KEIZE
111 N PINE ISLAND RD STE 102
PLANTATION, FL 33324

SUBJECT: CONCORD PHYSICIAN SOLUTIONS LLC
Ref. Number: W21000105655

We have received your document for CONCORD PHYSICIAN SOLUTIONS LLC and your check(s) totaling \$125.00. 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.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 021A00017527

RECEIVED
FEB 14 2022

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. CONCORD PHYSICIAN SOLUTIONS 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. TEXAS
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 81-3803698
(FEI number, if applicable)

4. 07/01/2021
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S., to determine penalty liability.)

5. 2304 THORNTON RD
(Street Address of Principal Office)

6. 2304 THORNTON ROAD
(Mailing Address)

UNIT A
AUSTIN, TX 78704

UNIT A
AUSTIN, TX 78704

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


Name: SIMONE KEIZE

Office Address: 111 NORTH PINE ISLAND RD STE 102

PLANTATION, Florida 33324
(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)

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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 checked="" type="checkbox"/> Manager	Name: ERIC MALSAM	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 2304 THORNTON RD	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	UNIT A	<input type="checkbox"/> Authorized	_____
Person	AUSTIN, TX 78704	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 _____
<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.

Eric Malsam

Signature of an authorized person

ERIC MALSAM

Typed or printed name of signer



Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Concord Physician Solutions LLC (file number 802534497), a Domestic Limited Liability Company (LLC), was filed in this office on September 02, 2016.

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

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 February 03, 2022.



A handwritten signature of John B. Scott in black ink.

John B. Scott
Secretary of State