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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : JOHNSON, POPE, BOKOR, RUPPEL & BURNS, LLP.  
Account Number : 076666002140  
Phone : (727)461-1818  
Fax Number : (727)441-8617

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: LKennerly@JPfirm.com

**Foreign Limited Liability Company**  
**ONEHEALTH MSO, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	06 <input checked="" type="checkbox"/>
Estimated Charge	\$125.00

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: ONEHEALTH MSO, 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:

LISA KENNERLY

\_\_\_\_\_  
Name of Person

JOHNSON, POPE, BOKOR, RUPPEL & BURNS, LLP

\_\_\_\_\_  
Firm/Company

490 1ST AVE. S., SUITE 700

\_\_\_\_\_  
Address

ST. PETERSBURG, FL 33701

\_\_\_\_\_  
City/State and Zip Code

LKENNERLY@SPFIRM.COM

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

For further information concerning this matter, please call:

LISA KENNERLY

727

330-3665

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. ONEHEALTH MSO, 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. Delaware  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. \_\_\_\_\_  
(FEI number, if applicable)

4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0903, F.S. to determine penalty liability.)

5. 3251 MCMULLEN BOOTH ROAD  
(Street Address of Principal Office)

6. 3251 MCMULLEN BOOTH ROAD  
(Mailing Address)

SUITE 303

SUITE 303

CLEARWATER, FL 33761

CLEARWATER, FL 33761

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

Name: CHESTNUT BUSINESS SERVICES, LLC

Office Address: 490 1ST AVE. S., SUITE 700

ST. PETERSBURG 33701  
\_\_\_\_\_, Florida \_\_\_\_\_  
(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)

2022 DEC 29 AM 9:49

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: BHMC HOLDINGS, LLC

☒ Member Address: 3251 MCMULLEN BOOTH RD.

☐ Authorized SUITE 303

Person CLEARWATER, FL 33761

☐ Other \_\_\_\_\_ ☐ Other: \_\_\_\_\_

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

☒ Manager Name: DHARMA MALEMPATI

☐ Member Address: 3251 MCMULLEN BOOTH RD.

☐ Authorized SUITE 303

Person CLEARWATER, FL 33761

☐ Other \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

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.

Dharma Malempati  
Dharma Malempati Dec 19, 2022 15:54 EST

Signature of an authorized person

DHARMA MALEMPATI, MANAGER

Typed or printed name of signer

# Delaware

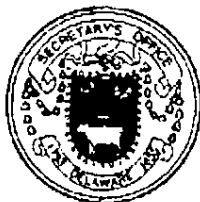
The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ONEHEALTH MSO, 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 TWENTY-NINTH DAY OF DECEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ONEHEALTH MSO, LLC" WAS FORMED ON THE TWENTY-EIGHTH DAY OF DECEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



7208696 8300

SR# 20224400135

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 "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 205210089

Date: 12-29-22