

M24000008041

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Received Good Standing Cert.
Via Email 6/20/2024
KS

W34-81603 CWS

Office Use Only

CALLED
PERMISSION GIVEN TO CORRECT
DOCUMENT BY ZEESHAN KHAN
ON THIS DATE 6/21/2024
KS



100429319141

05/08/24--01014--011 **125.00

RECEIVED

MAY 03 2024

2024 JUN 20 PM 1:31
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

FILED

K. SALY

JUN 21 2024

6/21/24



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 31, 2024

ZEESHAN KHAN
COMPLETE PATIENT CARE GROUP, LLC
5600 BERKLEY KNOLL CIRCLE #4109
RICHMOND, TX 77407

SUBJECT: COMPLETE PATIENT CARE GROUP, LLC
Ref. Number: W24000081603

We have received your document for COMPLETE PATIENT CARE GROUP, 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):

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

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.

Karen A Saly
Regulatory Specialist II

Letter Number: 524A00011873

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Complete Patient Care Group 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:

Zeeshan Khan

Name of Person

Complete Patient Care Group LLC

Firm/Company

5600 Berkeley Knoll Circle # 4109

Address

Richmond, TX 77407

City/State and Zip Code

info@joincompletevision.com

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

For further information concerning this matter, please call:

Zeeshan Khan

310 699-5997
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. Complete Patient Care Group 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. Not Applicable
(FEI number, if applicable)

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

5. 5600 Berkeley Knoll Circle # 4109
(Street Address of Principal Office)

6. 5600 Berkeley Knoll Circle # 4109
(Mailing Address)

Richmond, TX 77407

Richmond, TX 77407

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)

FILED
2024 JUN 20 PM 1:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Tyler Gates
(Registered agent's signature)

FILED

2024 JUN 28 PM 1:31

SECRET
TALLAHASSEE, FLORIDA

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: Zeeshan Khan

☒ Member Address: 5600 Berkeley Knoll Circle # 4

☒ Authorized Richmond, TX 77407

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Bradley Kruger

☒ Member Address: Downers Grove, IL - Milwaukee, WI

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Dr. James Croley

☒ Member Address: 23921 Addison Place Court Bonita Springs, FL 34135

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

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

☐ Manager Name: Douglas Cooper

☒ Member Address: 719 Brixton Circle Simpsonville, SC 29681

☒ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Douglas Balyeat

☒ Member Address: 1582 Friar Tuck Road

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Jaye Connolly-LaBelle

☒ Member Address: 2027 Newcastle Avenue, #1161 Cardiff, CA 92027

☒ 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

Zeeshan Khan

Typed or printed name of signee

04/26/24

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COMPLETE PATIENT CARE GROUP, 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 THIRTEENTH DAY OF JUNE, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "COMPLETE PATIENT CARE GROUP, LLC" WAS FORMED ON THE THIRTIETH DAY OF OCTOBER, A.D. 2019.

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


FILED
2024 JUN 20 PM 1:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



7681082 8300

SR# 20242861061

You may verify this certificate online at corp.delaware.gov/authver.shtml


Jeffrey W. Bullock, Secretary of State

Authentication: 203699484

Date: 06-13-24