

FOREIGN REGISTRATION STATEMENT

Title 30, Chapter 21, Idaho Code

Filing fee: \$100 typed, \$120 not typed

Complete and submit the form in <u>duplicate</u>.

For Office Use Only

-FILED-

File #: 0003345974

Date Filed: 11/8/2018 12:05:00 PM

1.	The name of the entity is: _BETTERNIGHT MEDICAL GROUP P.A.	2
2.	The name which it shall use in Idaho is:(Enter a name here, only if you are required to adopt an alternate name)	α
3.	Select the type of entity you wish to register:	<u>بر</u>
	☐ Business Corporation ☐ General Partnership	N.
	□ Nonprofit Corporation □ General Cooperative Association	Œ
	☐ Limited Liability Partnership ☐ Limited Partnership (Including a limited liability limited partnership	U
	☐ Limited Liability Company ☐ Statutory Trust, Business Trust, or Common-law Business Trust	ŀτ
	☑ Other: Professional Service Corporation	7 7
	(Use "Other" only if your foreign entity type is <u>not</u> listed above, and enter the type here)	x
4.	Jurisdiction of formation: Provide the domestic jurisdiction where the entity was formed)	 መ
5.	The address of its principal office is:	C
	5471 Kearny Villa Road, Suite 200, San Diego, CA 92123	H
	(Street Address)	——————————————————————————————————————
	(Mailing Address, if different)	
6.	The address of its domestic principal office (if required by the laws of the jurisdiction of formation) is;	ر م
	1200 South Pine Island Road, Plantation, FL 33324	
	(Street Address)	ŧ
	(Mailing Address, if different)	
7.	The mailing address to which correspondence should be addressed, if different from item 5, is:	ñ
	The maining address to which correspondence should be addressed, it different non-titem o, is,	i ci
	(Address)	
		λ. Je
8.	goodness of the same of the sa	×
	C T CORPORATION SYSTEM, 921 South Orchard Street, Suite G, Boise, Idaho 83705	
	(Name) (Address)	——— (
9.	The name, capacity, and mailing address of at least one governor:	
	John W. Cronin, M.D. Director 5471 Kearny Villa Road, Suite 200, San Diego, CA 92123	<u>ت</u> م
	(Name) (Capacity) (Address)	<u>p</u>
	(Suprioris) (Suprioris)	
	(Mama) (Canasilly) (Address)	
	(Name) (Capacity) (Address)	
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	Juw. Crouis	ď
	Signature:	Ë
	State	a Tangan Tangan
	Typed Name: John W. Cronin, M.D.	***
	, Kanya da kata kata kata kata kata kata kata	Ž
	Signature: Typed Name: John W. Cronin, M.D. Capacity: Director	" "
		Denne
Rev.	11/2015	O O

State of Florida Department of State

I certify from the records of this office that BETTERNIGHT MEDICAL GROUP P.A. is a corporation organized under the laws of the State of Florida, filed on April 25, 2018.

The document number of this corporation is P18000037555.

I further certify that said corporation has paid all fees due this office through December 31, 2018 and that its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Sixth day of November, 2018



Ken Define Secretary of State

Tracking Number: CU0822938605

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication