

F04000005841

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

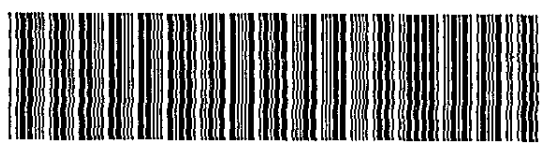
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2004 OCT 12 PM 12:18  
DEPT OF CORPORATIONS  
TALLAHASSEE, FLORIDA

J. BRYAN OCT 13 2004



October 8, 2004

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

Re: Vermilion Health System, Inc.

To Whom It May Concern:

In regards to the above referenced, enclosed please find the Application by Foreign Corporation for Authorization to Transact Business in Florida. Also enclosed is a check in the amount of \$70.00, which covers the fee for the filing of the Application.

Sincerely,

A handwritten signature in black ink, appearing to read "Chris Fox", written over a horizontal line.

Chris Fox,  
President

CF:ms  
Enclosure

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



**TRANSMITTAL LETTER**

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2004 OCT 12 PM 12:18  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Vermilion Health System, Inc.  
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Chris Fox  
(Name of Person)

Vermilion Health System, Inc.  
(Firm/Company)

113 East St. Peter Street  
(Address)

Carencro, Louisiana 70520  
(City/State and Zip code)

For further information concerning this matter, please call:

Monica Schexnider at ( 337 ) 896-6262  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

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2009 OCT 12 PM 12:16  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

1. Vermilion Health System, Inc.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")  
  
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Louisiana 3. 87-0693506  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. February 20, 2003 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. N/A  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)


7. 113 East St. Peter Street, Carencro, Louisiana 70520  
(Principal office address)

Same  
(Current mailing address)

8. To engage in any lawful activity for which corporations may be formed  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  
Name: A1A Registered Agent, Inc.  
Office Address: 92 Sadberry Road  
Quincy, Florida 32351  
(City) (Zip code)

10. Registered agent's acceptance:  
*Having been named as registered agent and to accept service of process for the above stated corporation 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)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.  
12. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: Arthur Wagley

Address: 113 East St. Peter Street  
Carencro, Louisiana 70520

Vice Chairman: Chris Fox

Address: 113 East St. Peter Street  
Carencro, Louisiana 70520

Director: Russell Kahn

Address: 2520 North University Avenue  
Lafayette, Louisiana 70507

Director: \_\_\_\_\_

Address: \_\_\_\_\_

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JULIUS H. CORPORATION  
TALLAHASSEE, FLORIDA

**B. OFFICERS**

President: Chris Fox

Address: 113 East St. Peter Street  
Carencro, Louisiana 70520

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

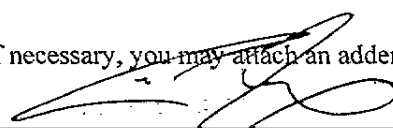
Secretary: Russell Kahn

Address: 2520 North University Avenue, Lafayette, Louisiana 70507

Treasurer: Arthur Wagley

Address: 113 East St. Peter Street, Carencro, Louisiana 70520

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.   
(Signature of Director or Officer listed in number 12 of the application)

14. Chris Fox, President  
(Typed or printed name and capacity of person signing application)

UNITED STATES OF AMERICA  
State of Louisiana



**Jox McKeithen**

SECRETARY OF STATE

*As Secretary of State, of the State of Louisiana, I do hereby Certify that*  
the Articles of Incorporation of

VERMILION HEALTH SYSTEM, INC.

Domiciled at SUNSET, LOUISIANA,

Were filed in this Office and a Certificate of Incorporation  
was issued on February 20, 2003,

I further certify that no Certificate of Dissolution has  
been issued.

*In testimony whereof, I have hereunto set  
my hand and caused the Seal of my Office  
to be affixed at the City of Baton Rouge on,  
September 15, 2004*

*Jox McKeithen*

RHU 35431426D

*Secretary of State*

