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*647*  
*6010-32887*  
*6540 (142)*  
*647*

**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Jefferson M. Trupp MD PC  
(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:

Margaret Porter  
(Name of Person)

Jefferson M. Trupp MD PC  
(Firm/Company)

PO Box 2123  
(Address)

Anniston AL 36207  
(City/State and Zip code)

For further information concerning this matter, please call:

Margaret Porter at (256) 236-5358  
(Name of Person) (Area Code & Daytime Telephone Number)

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**STREET/COURIER ADDRESS:**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

New Filing 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 TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Jefferson M. Trupp MD PC  
(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. Calhoun County Alabama 630920552  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. June 1984 5. "perpetual"  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 01/02/2004  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1320 Leighton Ave Ste A ANNISTON AL 36207  
(Principal office address)

PO Box 2123 ANNISTON AL 36207  
(Current mailing address)

8. Physician  
(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: Jefferson M. Trupp MD

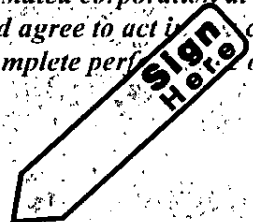
Office Address: 2100 State Ave

PANAMA CITY, Florida 32405  
(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 such 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.

Margaret Pater  
(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:

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A. DIRECTORS

Chairman: Jefferson M. Trupp MD

Address: 8203 NO Lagoon Dr  
Panama City FL 32408

Vice Chairman: \_\_\_\_\_

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

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

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

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

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

B. OFFICERS

President: Jefferson M. Trupp MD

Address: 8203 NO Lagoon Dr  
PANAMA City FL 32408

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

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

Secretary: \_\_\_\_\_

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

Treasurer: \_\_\_\_\_

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

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

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

14. Jefferson M. Trupp MD PC President  
(Typed or printed name and capacity of person signing application)

Beth Chapman  
Secretary of State

P.O. Box 5616  
Montgomery, AL 36103-5616

# STATE OF ALABAMA

I, Beth Chapman, Secretary of State of the State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the domestic corporation records on file in this office disclose that Jefferson M. Trupp, M.D., P.C. incorporated in Calhoun County, Jacksonville, Alabama on January 7, 1986. I further certify that the records do not disclose that said Jefferson M. Trupp, M.D., P.C. has been dissolved.

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In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the City of Montgomery, on this day.

September 1, 2010

Date

Beth Chapman

*Beth Chapman*  
Secretary of State