# FOIDOSSA174

TO: Registration Section Division of Corporations	
SUBJECT: Medical Provider Services, come (Name of corporation - must include suffix) 10000403	— 1328
Dear Sir or Madam:  -04/19/01  *****78.	01091 75 *** "
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 corporati to transact business in Florida.	on
Please return all correspondence concerning this matter to the following:  (Name of Person)	, , , , , , , , , , , , , , , , , , ,
Medical Provider Services, 10rc (Firm/Company)	
P.O. Box 799 (Address)	
White Sorings FC 32096 (City/State and Zip code)	
For further information concerning this matter, please call:	FI 01 APR
SLVASSAY at (386) 884-99// (Name of Person) (Area Code & Daytime Telephone Number)	19 M 1: 29
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 \$\ \text{S78.75 Filing Fee & Certified Copy} \\ \text{Certificate of Status} \text{Certified Copy} \\ \text{Certified Copy} \text{Certified Copy} \text{Certified Copy}	Status &

## 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. (Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.) (State or country under the law of which it is incorporated) (Duration: Year corp. will cease to exist or "perpetual") business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.") (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) (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 or Mail Drop Box NOT acceptable) Office Address: 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.

A. DIRECTORS  Chairman: a), L. Vassar, da  Address: 18/3 Waltham RJ  Vice Chairman: Mary Vassar  Address: 18/3 Waltham RJ  Director: Lynn Vassar  Address: 18/3 Waltham RJ  Director: Lynn RJ  Director: Lynn RJ  Director: Address: 18/3 Waltham RJ  Director: Address:	
Address: 18/3 Walthour Rd  SAVANNALIA  Vice Chairman: Mary VASSAR  Address: 18/3 Walthour Rd  SAVANNALIA  Director: Lynn VASSAR  Address: 18/3 Walthour Rd  SAVANNALIA  Director: Lynn Rd  SAVANNALIA  Director: Lynn Rd  SAVANNALIA  Director: Lynn Rd  B. OFFICERS	
SAVAMNALIA  Vice Chairman: Mary Vassar  Address: J8/3 Walthow Tod  SAVAMNALIA  Director: Lynn Vassar  Address: J8/3 Walthow RN Savamnalia 1/4/11  Director:  Address:  B. OFFICERS	
Vice Chairman: Mary Vassar  Address: J8/3 Walthow Tod  Savannah M  Director: Lynn Vassar  Address: J8/3 Walthow Rd Savannah Sa 1/4/1  Director:  Address:  B. OFFICERS	
Address: 18/3 Walthown 16  SAVANNAN MA  Director: Lynn Vossar  Address: 18/3 Walthown RV SAVANNAN DA 1/9/11  Director:  Address:  B. OFFICERS	
Address: 18/3 Walthown 16  SAVANNAN MA  Director: Lynn Vossar  Address: 18/3 Walthown RV SAVANNAN DA 1/9/11  Director:  Address:  B. OFFICERS	
Director: Lynn Vosear  Address: 1813 Walthom RN Sananah 11411  Director:  Address:  B. OFFICERS	
Address: 18/3 Walthom RV SAVannah BA 1771  Director: Address:  B. OFFICERS	
Address: 18/3 Wulthom RV SAVamman 19A  Director:  Address:  B. OFFICERS	
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J. Vossar da	
President: V4 C7 N C C C C C C C C C C C C C C C C C	
Address: 1813 WATTADUR Co	
SAX WWW 100 3/9/1	<del>-</del>
Vice President: Way y Vascar	
Address: 1813 Walthour Rd	
SAVANNAL BA 31410	<del></del>
Secretary: Virginia Sibson	
Address: 30Bx30250 SAVANNAh, 200 7/1/0	
M 11 1/	
Address: 16/3 Walthow Rd SAVANNAh, SA 3/1/0	
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.	
13. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)	
14. (Typed or printed name and capacity of person signing application)	

# Secretary of State

**Corporations Division** 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

: K736849 CONTROL NUMBER DATE INC/AUTH/FILED: 10/14/1997 : GEORGIA JURISDICTION : 04/18/2001 PRINT DATE 211 FORM NUMBER

MEDICAL PROVIDER SERVICES J L VASSAR P O BOX 799 WHITE SPRINGS, FL 32096

#### CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that as of the above print date

### MEDICAL PROVIDER SERVICES, INC. A GEORGIA PROFIT CORPORATION

is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated

Said entity was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date and has not filed articles of dissolution, certificate of cancellation or any other similar document with the Office of the Secretary of State. Office of the Secretary of State.

This certificate relates only to the legal existence of the above named entity as of the print date above. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State (

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

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Cathy Cox Secretary of State