

F01000003351



ACCOUNT NO. : 072100000032

REFERENCE : 187854 134805A

AUTHORIZATION : *Patricia Pigute*

COST LIMIT : \$ 70.00

ORDER DATE : June 15, 2001

ORDER TIME : 1:01 PM

ORDER NO. : 187854-005

CUSTOMER NO: 134805A

CUSTOMER
Ms. Joy Landry
Icc Financial Group
32700 Us Highway 19 N

Palm Harbor, FL 34684

FILED
01 JUN 22 AM 11:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
01 JUN 21 PM 4:07
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FOREIGN FILINGS

NAME: DIXON MEDICAL CENTER, INC.

XXXX QUALIFICATION (TYPE: CO)

300004435753--8

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Norma Hull -- EXT# 1115

EXAMINER:

BK

**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. Dixon Medical Center, Inc.

(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.)

2. Louisiana

(State or country under the law of which it is incorporated)

3. 72-1159673

(FEI number, if applicable)

4. January 17, 1990

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. Upon Qualification

(Date first transacted 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.)

2230 S. Macarthur Drive

7. Alexandria, LA 71301

(Principal office address)

(Current mailing address)

Provide medical services To engage in any act or activity for which corporations may be organized.

8.

(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)

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee

(City)

, Florida 32301

(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.

Corporation Service Company

By: 

BRIAN COURTNEY, ASST. V.P.

(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: See attached officers/directors rider

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: See attached officers/directors rider

Address: _____

Vice President: _____

Address: _____

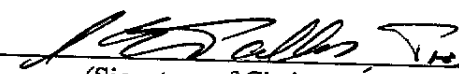
Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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. Steve E. Pallos, President

(Typed or printed name and capacity of person signing application)

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TALLAHASSEE, FLORIDA

OFFICERS/DIRECTORS RIDER

FL-Application by Foreign Corporation for Authorization

Dixon Medical Center, Inc.

List of Officers

Name: Steve E. Pallos **Title:** President
Bus. Addr.: c/o ICC Financial Group 32700 U.S. Highway 19 North, Palm Harbor, FL 34684

Name: James W. Keen **Title:** Secretary
Bus. Addr.: c/o ICC Financial Group 32700 U.S. Highway 19 North, Palm Harbor, FL 34684

Name: Regina M. Planes **Title:** CEO
Bus. Addr.: c/o ICC Financial Group 32700 U.S. Highway 19 North, Palm Harbor, FL 34684

List of Directors

Name: Steve E. Pallos **Term:** Jan 17, 2003
Bus. Addr.: c/o ICC Financial Group 32700 U.S. Highway 19 North, Palm Harbor, FL 34684

Name: James W. Keen **Term:** Jan 17, 2003
Bus. Addr.: c/o ICC Financial Group 32700 U.S. Highway 19 North, Palm Harbor, FL 34684

Name: Regina M. Planes **Term:** Jan 17, 2003
Bus. Addr.: c/o ICC Financial Group 32700 U.S. Highway 19 North, Palm Harbor, FL 34684

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TALLAHASSEE, FLORIDA

UNITED STATES OF AMERICA
State of Louisiana



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Fox McKeithen

SECRETARY OF STATE

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

DIXON MEDICAL CENTER, INC.

A LOUISIANA corporation domiciled at BATON ROUGE,

Filed charter and qualified to do business in this State on
January 17, 1990,

I further certify that the records of this Office indicate
the corporation has paid all fees due the Secretary of
State, and so far as the Office of the Secretary of State is
concerned is in good standing and is authorized to do
business in this State.

I further certify that this Certificate is not intended to
reflect the financial condition of this corporation since
this information is not available from the records of this
Office.

*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,*

June 18, 2001

Fox McKeithen

ABA 34347379D

Secretary of State

