

Terry

# F01000005884

ACCOUNT NUMBER: FCA0000000005

REFERENCE: 2030938  
(Sub Account)

DATE: 11-13-01

REQUESTOR NAME: Lexis Document Services

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TELEPHONE: (\_\_\_\_) (\_\_\_\_) EXT (\_\_\_\_)

CONTACT NAME: \_\_\_\_\_

CORPORATION NAME: Virtual Care Provider, Inc.

DOCUMENT NUMBER: \_\_\_\_\_  
(if applicable)

AUTHORIZATION: Cynthia J. Woodward

*Qual.*

☐ CERTIFIED COPY (1-9)  
☒ CERTIFICATE OF STATUS (1-9)  
☐ PLAIN STAMPED COPY

900004677229--0

☐ Call When Ready      ☐ Call if Problem      ☐ After 4:00  
☐ Walk In              ☐ Will Wait              ☐ Pick Up  
☐ Mail Out

RECEIVED  
01 NOV 13 PM 1:19  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

BK

FILED  
01 NOV 13 PM 2:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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. Virtual Care Provider, 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. Wisconsin

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

3. 39-1998853

(FBI number, if applicable)

4. 5/3/00

(Date of incorporation)

5. Perpetual

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

6. Upon qualification.

(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 111 W. Michigan St.

Milwaukee, WI 53203

(Current mailing address)

8. Technology service provider.

(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: Lexis Document Services Inc.

Office Address: 3953 WW Kelley Rd.

Tallahassee

, Florida, 32311

(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.

X [Signature]

(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 addresses of officers and/or directors: (Street address **ONLY** - P.O. Box **NOT** acceptable)

**A. DIRECTORS (Street address only - P.O. Box NOT acceptable)**

Chairman: Please see attached.

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

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

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

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

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

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

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

**B. OFFICERS (Street address only - P.O. Box NOT acceptable)**

President: Please see attached.

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

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

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

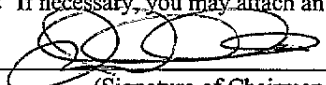
Secretary: \_\_\_\_\_

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. Dr. Joy D. Calkin, Secretary  
(Typed or printed name and capacity of person signing application)

FILED  
NOV 13 PM 2:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# **VIRTUAL CARE PROVIDER, INC.**

## **Officers & Directors**

### **OFFICERS**

Melvin A. Rhineland*	President
Mark W. Durishan*	Vice President & Treasurer
Dr. Joy D. Calkin*	Secretary

### **DIRECTORS**

\* above denotes Director.

G/Virtual Care Provider: Officers & Directors 11-2-01

FILED  
NOV 13 PM 2:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOM  
180 181 185

United States of America

State of Wisconsin



DEPARTMENT OF FINANCIAL INSTITUTIONS

To All to Whom These Presents Shall Come, Greeting:

I, RAY ALLEN, Administrator of the Division of Corporate & Consumer Services of the Department of Financial Institutions, do hereby certify that

VIRTUAL CARE PROVIDER, INC.

is a domestic corporation organized under the laws of this state and that its date of incorporation is MAY 3, 2000.

FILED  
NOV 13 PM 2:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I further certify that said corporation has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 180.1921 or 181.1622, Wis. Stats., and that it has not filed articles of dissolution.



IN TESTIMONY WHEREOF, I have  
hereunto set my hand and affixed the official seal  
of the Department on November 8, 2001.

RAY ALLEN, Administrator  
Division of Corporate & Consumer Services  
Department of Financial Institutions

BY: Patricia Webb

Effective July 1, 1996, the Department of Financial Institutions assumed the functions previously performed by the Corporations Division of the Secretary of State and is the successor custodian of corporate records formerly held by the Secretary of State.