

FD2000002309

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: National Hospitalist Group, 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:

Joseph Ludwig
(Name of Person)
National Hospitalist Group
(Firm/Company)
3900 Paradise Rd, Suite 4
(Address)
Las Vegas, NV 89109
(City/State and Zip code)

For further information concerning this matter, please call:

700005179997--4
-04/01/02--01069--007
*****78.75 *****78.75

Joseph Ludwig at (847) 372-8979
(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

W02-9278
J. BRYAN APR - 3 2002
J. BRYAN MAY 8 2002



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

April 3, 2002

JOSEPH LUDWIG
3900 PARADISE RD., STE. U
LAS VEGAS, NV 89109

SUBJECT: NATIONAL HOSPITALIST GROUP, INC.
Ref. Number: W02000009278

FILED
2002 MAY 8 PM 4:33
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

We have received your document for NATIONAL HOSPITALIST GROUP, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

We retained your certificate in our office.,

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan
Document Specialist
Tax Liens

Letter Number: 202A00019556

**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. National Hospitalist Group, 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. Nevada USA 3. 88-040957
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 10/28/1998 5. Perpetual
(Date of incorporation) (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.)

7. 440 Timberwalk Court #924
(Principal office address)

Ponte Vedra, FL 32082
(Current mailing address)

8. Hospital Services
(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: Joseph Ludwig

Office Address: 440 Timberwalk Court #924
Ponte Vedra, Florida 32082
(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.

Joseph A. Ludwig
(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.

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2002 MAY 8 PM 4:33
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Joseph A. Ludwig III
Address: 3900 Paradise Rd, Suite 4
Las Vegas, NV 89109

Vice Chairman: _____

Address: _____

Director: Sandra Ludwig
Address: 3900 Paradise Rd., Suite 4
Las Vegas, NV 89109

Director: _____

Address: _____

B. OFFICERS

President: Joseph A. Ludwig III
Address: 3900 Paradise Road, Suite 4
Las Vegas, NV 89109

Vice President: _____

Address: _____

Secretary: Sandra Ludwig
Address: 3900 Paradise Road, Suite 4, Las Vegas, NV 89109

Treasurer: _____

Address: _____

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

13. Joseph A. Ludwig III Sandra Ludwig
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Joseph A. Ludwig III Chairman/President
(Typed or printed name and capacity of person signing application)

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2002 MAY 8 PM 4:33
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, limited-liability companies, limited partnerships, and limited-liability partnerships pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **NATIONAL HOSPITALIST GROUP, INC.** as a Corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since **October 28, 1998**, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand
and affixed the Great Seal of State, at my office, in
Las Vegas, Nevada, on **February 25, 2002**.



Dean Heller

Secretary of State

By

Kamlesh Bhadwal

Certification Clerk