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SEALYARD  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

July 10, 2003

URSULA K. ANDERSON  
PO. BOX 560857  
ROCKLEDGE, FL 32956-0857

SUBJECT: PRACTITIONER SERVICES OF BREVARD, INCORPORATED  
Ref. Number: W03000019529

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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We have received your document for PRACTITIONER SERVICES OF BREVARD, INCORPORATED and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return 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) 245-6097.

Marsha Thomas  
Document Specialist

Letter Number: 503A00040905

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Practitioner Services of Brevard, Incorporated  
(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:

Ursula K. Anderson  
(Name of Person)

Practitioner Services of Brevard, Incorporated  
(Firm/Company)

P. O. Box 560857  
(Address)

Rockledge, FL 32956-0857  
(City/State and Zip code)

For further information concerning this matter, please call:

John T. Chandler at ( 321 ) 690.2626  
(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

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SECRETARY OF STATE

**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. Practitioner Services of Brevard, Incorporated  
(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. Delaware 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. June 26, 2003 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. 112 Barnacle Place, Rockledge, FL 32955  
(Principal office address)

P. O. Box 560857, Rockledge, FL 32956-0857  
(Current mailing address)

8. Professional medical 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)

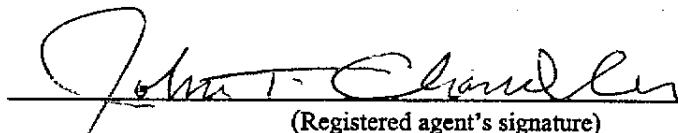
Name: John T. Chandler

Office Address: 112 Barnacle Place

Rockledge, Florida 32955  
(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.*

  
(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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SECRETARY OF STATE

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

A. DIRECTORS

Chairman: Ursula K. Anderson

Address: 112 Barnacle Place

Rockledge, FL 32955

Vice Chairman: John T. Chandler

Address: 112 Barnacle Place

Rockledge, FL 32955

Director: J. Mark Chandler

Address: 121 Clear Creek Drive

Bear, DE 19701

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

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

B. OFFICERS

President: Ursula K. Anderson

Address: 112 Barnacle Place

Rockledge, FL 32955

Vice President: John T. Chandler

Address: 112 Barnacle Place

Rockledge, FL 32955

Secretary: Ursula K. Anderson

Address: 112 Barnacle Place, Rockledge, FL 32955

Treasurer: John T. Chandler

Address: 112 Barnacle Place, Rockledge, FL 32955

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

13. Ursula K. Anderson

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Ursula K. Anderson - President

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

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TALLAHASSEE, FLORIDA

# Delaware

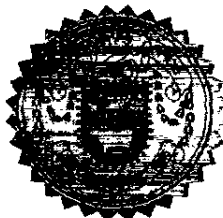
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*The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PRACTITIONER SERVICES OF BERVARD, INCORPORATED" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTEENTH DAY OF JULY, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PRACTITIONER SERVICES OF BERVARD, INCORPORATED" WAS INCORPORATED ON THE TWENTY-FIFTH DAY OF JUNE, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.



*Harriet Smith Windsor*  
Harriet Smith Windsor, Secretary of State

3674564 8300

AUTHENTICATION: 2526352

030460084

DATE: 07-14-03