

**Florida Department of State**  
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**From:**

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
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**FOREIGN PROFIT QUALIFICATION**

**Cooper Medical Buildings, Inc.**

Certificate of Status	0
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SECRETARY OF  
STATE  
TALLAHASSEE, FLORIDA

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2-6-04

**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. Cooper Medical Buildings, Inc.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Oklahoma 3. 73-1289042  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 10/01/1986 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. 7100 N. Classen Blvd., Ste. 500, Oklahoma City, OK 73116-7104  
(Principal office address)

7100 N. Classen Blvd., Ste. 500, Oklahoma City, OK 73116-7104  
(Current mailing address)

8. General Contractor for construction of medical buildings.  
(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: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324  
(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.*

C T Corporation System, John J. Linnihan, Asst. V.P.

By:

John J. Linnihan  
(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: Stephen L. Cooper

Address: 7100 N. Classen Blvd., Ste. 500

Oklahoma City, OK 73116-7104

Vice Chairman: David C. Cooper

Address: 7100 N. Classen Blvd., Ste. 500

Oklahoma City, OK 73116-7104

Director: Matthew D. Cooper

Address: 7100 N. Classen Blvd., Ste. 500

Oklahoma City, OK 73116-7104

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

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

**B. OFFICERS**

President: Stephen L. Cooper

Address: 7100 N. Classen Blvd., Ste. 500

Oklahoma City, OK 73116-7104

Vice President: David C. Cooper, Richard L. Cooper, and Christopher D. Cooper

Address: 7100 N. Classen Blvd., Ste. 500

Oklahoma City, OK 73116-7104

Secretary: Matthew D. Cooper

Address: 7100 N. Classen Blvd., Ste. 500, Oklahoma City, OK 73116-7104

Treasurer: Harold Nichols

Address: 7100 N. Classen Blvd., Ste. 500, Oklahoma City, OK 73116-7104

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

13. \_\_\_\_\_

(Signature of Director or Officer listed in number 12 of the application)

14. Stephen L. Cooper, President and Chairman of the Board

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

OFFICE OF THE SECRETARY OF STATE



**CERTIFICATE OF GOOD STANDING  
DOMESTIC FOR PROFIT BUSINESS CORPORATION**

*I, THE UNDERSIGNED, Secretary of State of the State of Oklahoma, do hereby certify that I am, by the laws of said state, the custodian of the records of the state of Oklahoma relating to the right of certain business entities to transact business in this state and am the proper officer to execute this certificate.*

*I FURTHER CERTIFY that COOPER MEDICAL BUILDINGS, INC. whose registered agent is RUSSELL COOK, with its registered office at 201 ROBERT S KERR STE 1200 OKC 73102 USA Oklahoma is a Domestic For Profit Business Corporation duly organized and existing under and by virtue of the laws of the state of Oklahoma and is in good standing according to the records of this office. This certificate is not to be construed as an endorsement, recommendation or notice of approval of the entity's financial condition or business activities and practices. Such information is not available from this office.*



*IN TESTIMONY WHEREOF, I hereunto set my hand and affixed the Great Seal of the State of Oklahoma, done at the City of Oklahoma City, this 6th day of February, 2004.*

*M. Susan Savage*

*Secretary Of State*