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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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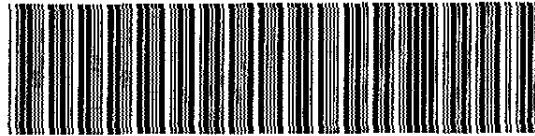
(Business Entity Name)

(Document Number)

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DIVISION OF CLERKING
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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Hunter Medical Systems, 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:

John S. Hunter, Esq.
(Name of Person)

Courtenay, Hunter & Fontana, L.L.P.
(Firm/Company)

400 Poydras- Suite 1540
(Address)

New Orleans, LA 70130
(City/State and Zip code)

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For further information concerning this matter, please call:

John S. Hunter, Esq. at (504) 566-1801
(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

**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. Hunter Medical Systems, 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. Louisiana 3. 72-1292247
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. March 21, 1995 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. 141 James Drive West, St. Rose, LA 70087
(Principal office address)

Same as principal office address.
(Current mailing address)

8. For profit business organization engaged primarily in release of information and reproduction of medical records.
(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)

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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

By: Jennifer K. Miller
(Registered agent's signature)

Jennifer K. Miller
Assistant Secretary

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: Marsha H. Dyess

Address: 141 James Drive West

St. Rose, LA 70087

Vice Chairman: Fred M. Hunter

Address: 141 James Drive West

St. Rose, LA 70087

Director: John S. Hunter, Esq.

Address: Courtenay, Hunter & Fontana, L.L.P.

400 Poydras Street- Suite 1540, New Orleans, LA 70130

Director: _____

Address: _____

B. OFFICERS

President: Marsha H. Dyess (CEO)

Address: 141 James Drive West

St. Rose, LA 70087

Vice President: Fred M. Hunter (Pres.)

Address: 141 James Drive West

St. Rose, LA 70087

Secretary: John S. Hunter, Esq.

Address: Courtenay, Hunter & Fontana, L.L.P., 400 Poydras Street- Suite 1540, New Orleans, LA 70130

Treasurer: John S. Hunter, Esq.

Address: Same as above.

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. John S. Hunter, Esq., Secretary/Treasurer

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

UNITED STATES OF AMERICA
State of Louisiana

Box McKeithen

SECRETARY OF STATE

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

HUNTER MEDICAL SYSTEMS, INC.

Domiciled at ST. ROSE, LOUISIANA,

Were filed in this Office and a Certificate of Incorporation
was issued on March 21, 1995,

I further certify that no Certificate of Dissolution has
been issued.

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*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,*
March 1, 2004

Box McKeithen
BME 34489732D

Secretary of State

