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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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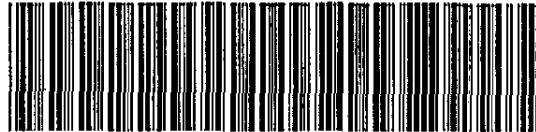
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

J. BRYAN AUG 30 2005



The  
**Schumacher**  
Group®

August 24, 2005

Florida Department of State  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

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2005 AUG 29 PM 1:53  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

RE: Schumacher Medical Corporation

Ladies and Gentlemen:

Enclosed please find our application for foreign qualification with respect to the above-referenced corporation. Also enclosed is the Transmittal Letter, a Certificate of Good Standing issued by the Secretary of State of Louisiana, and our check in payment of the applicable filing fee.

Please return the letter of acknowledgement to my attention at the address set forth in the Letter of Transmittal.

Very truly yours,

Schumacher Medical Corporation

Lisha C. Falk  
Vice President-Corporate Compliance  
and Corporate Secretary

/s/   
Enclosures

**Corporate Office**

200 Corporate Blvd., Suite 201  
Lafayette, LA 70508  
(337) 937-1013 • 1-800-993-1008

**Midwest Region**

71 Peyton Parkway, Suite 100  
Collierville, TN 38017  
(901) 570-1550

**Southeast Region**

1275 Simlo Road N.W., Suite 2710  
Kennesaw, GA 30144  
(770) 425-3300

**Southwest Region**

580 Westlake Park Blvd., Suite 780  
Houston, TX 77079  
(281) 990-3100

**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Schumacher Medical Corporation  
(Name of corporation - must include suffix)

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TALLAHASSEE, FLORIDA

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:

Lisha C. Falk  
(Name of Person)

Schumacher Medical Corporation  
(Firm/Company)

P.O. Box 82368  
(Address)

Lafayette, LA 70592-2368  
(City/State and Zip code)

For further information concerning this matter, please call:

Lisha C. Falk at ( 337 ) 354-1221  
(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. Schumacher Medical Corporation

(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

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

3. 72-1304006

(FEI number, if applicable)

4. May 22, 1995

(Date of incorporation)

5. Perpetual

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

6. \_\_\_\_\_

(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 200 Corporate Blvd., Suite 201, Lafayette, LA 70508

(Principal office address)

P.O. Box 82368, Lafayette, LA 70598-2368

(Current mailing address)

8. Physician recruiting and placement 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 NOT acceptable)

Name: CT 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.*



**Victor Alfano**  
Assistant Secretary

(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:

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**A. DIRECTORS**

Chairman: William C. Schumacher, M.D.

Address: P.O. Box 82368

Lafayette, LA 70598-2368

Vice Chairman: N/A Director - Randal L. Pilgrim, M.D.

Address: P.O. Box 82368

Lafayette, LA 70598-2368

Director: Gary I. Keller

Address: P.O. Box 82368

Lafayette, LA 70598-2368

Director: William D. Crays

Address: P.O. Box 82368

Lafayette, LA 70598-2368

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**B. OFFICERS**

President: Randal L. Pilgrim, M.D.

Address: P.O. Box 82368

Lafayette, LA 70598-2368

Vice President: Gary I. Keller

Address: P.O. Box 82368

Lafayette, LA 70598-2368

Secretary: Lisha C. Falk

Address: P.O. Box 82368, Lafayette, LA 70598-2368

Treasurer: William D. Crays

Address: P.O. Box 82368, Lafayette, LA 70598-2368

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

13. Lisha C. Falk  
(Signature of Director or Officer listed in number 12 of the application)

14. Lisha C. Falk, VP & Corporate Secretary  
(Typed or printed name and capacity of person signing application)

**ADDENDUM TO  
APPLICATION BY FOREIGN CORPORATION  
FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

**SCHUMACHER MEDICAL CORPORATION**

Officers (Cont'd.):

William C. Schumacher, M.D. 200 Corporate Blvd., Suite 201 Lafayette, LA 70508	Chief Executive Officer
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Robert M. Fuller 200 Corporate Blvd., Suite 201 Lafayette, LA 70508	Chief Financial Officer
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Marie Bourque 200 Corporate Blvd., Suite 201 Lafayette, LA 70508	Corporate Controller
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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

UNITED STATES OF AMERICA  
**State of Louisiana**  
Al Ater  
SECRETARY OF STATE

*As Secretary of State, of the State of Louisiana, I do hereby Certify that*  
SCHUMACHER MEDICAL CORPORATION

A corporation domiciled in LAFAYETTE, LOUISIANA,

Filed charter and qualified to do business in this State on  
May 22, 1995,

I further certify that the records of this Office indicate  
the corporation has paid all fees due the Secretary of  
State, and so far as the Office of the Secretary of State is  
concerned is in good standing and is authorized to do  
business in this State.

I further certify that this Certificate is not intended to  
reflect the financial condition of this corporation since  
this information is not available from the records of this  
Office.

*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,  
August 17, 2005*

RRO 34494464D

*Secretary of State*



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