

F060000000529

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

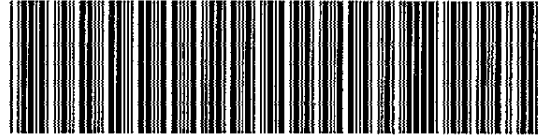
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TALLAHASSEE FLORIDA

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COVER LETTER

2006 JAN 27 AM 10:10

TO: Registration Section
Division of Corporations

DEPARTMENT OF STATE
TALLAHASSEE FLORIDA

SUBJECT: PHYSICIANS TOTAL CARE, 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:

WARREN MOSELEY

(Name of Person)

PHYSICIANS TOTAL CARE, INC

(Firm/Company)

5415 S 125TH E AVE SUITE 205

(Address)

TULSA OK 74146

(City/State and Zip code)

For further information concerning this matter, please call:

WARREN MOSELEY

(Name of Person)

at (918) 254-2273

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

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2006 JAN 27 AM 10:10

SECRETARY OF STATE
TALLAHASSEE FLORIDA

January 6, 2006

WARREN MOSELEY
5415 S 125TH E AVENUE
SUITE 205
TULSA, OK 74146

SUBJECT: PHYSICIANS TOTAL CARE, INC
Ref. Number: W06000000617

We have received your document for PHYSICIANS TOTAL CARE, INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

The registered agent must sign accepting the designation.

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) 245-6973.

Claretha Golden
Document Specialist
New Filing Section

Letter Number: 506A00001009

**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. PHYSICIANS TOTAL CARE, 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

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

3. 73-1288318

(FEI number, if applicable)

4. 11/13/1986

(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. 5415 S 125TH E AVE SUITE 205 TULSA OK 74146

(Principal office address)

5415 S 125TH E AVE SUITE 205 TULSA OK 74146

(Current mailing address)

8. REPACKAGING DRUG WHOLESALER

(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: **SAMUEL DUFFEY**

Office Address: **8771 GREY OAKS AVE**

SARASOTA

(City)

Florida **34238**

(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.

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

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2006 JAN 27 AM 10:10
TALLAHASSEE FLORIDA

A. DIRECTORS

Chairman: WARREN G MOSELEY

Address: 5415 S 125TH E AVE SUITE 205
TULSA OK 74146

Vice Chairman: KENNETH H GRAELER

Address: 5415 S 125TH E AVE SUITE 205
TULSA OK 74146

Director: THOMAS A FLOERCHINGER

Address: 4629 SOUTHERN
HIGHLAND PARK, TX 75209

Director: WILLIAM W BENEDICT, MD

Address: 455 HAMMERMILL ROAD
ST LOUIS, MO 63141

B. OFFICERS

President: WARREN G MOSELEY

Address: 5415 S 125TH E AVE SUITE 205
TULSA OK 74146

Vice President: KENNETH H GRAELER

Address: 5415 S 125TH E AVE SUITE 205
TULSA OK 74146

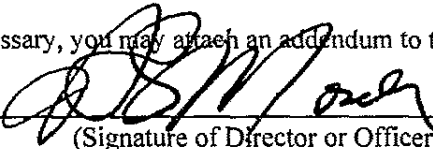
Secretary: KENNETH H GRAELER

Address: _____

Treasurer: KENNETH H GRAELER

Address: _____

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. Warren G Moseley
(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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 PHYSICIANS TOTAL CARE, INC. whose registered agent is WARREN G. MOSELEY, with its registered office at 5415 S. 125TH E. AVE. TULSA 74146 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 31st day of October, 2005.

M. Susan Savage

Secretary Of State