

F070000002799

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100102968451

05/25/07--01005--001 \*\*78.75

FILED  
2007 MAY 25 PM 1:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C-2.5-29

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Physicians Advantage Services, 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:

Barrie L. Brown

(Name of Person)

Physicians Advantage Services, Inc.

(Firm/Company)

PO Box 1097

(Address)

Palm City/FL/34991

(City/State and Zip code)

For further information concerning this matter, please call:

Barrie L. Brown

(Name of Person)

at ( 772 ) 220-0101

(Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

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

**MAILING ADDRESS:**

New Filing 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. Physicians Advantage Services, 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. Delaware**

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

**3. 51-0635791**

(FEI number, if applicable)

**4. May 4, 2007**

(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. 4425 Martin Highway, Palm City, FL 34990**

(Principal office address)

**PO Box 1097, Palm City, FL 34991**

(Current mailing address)

**8. Sales and Promotion of Medical Billing Services and Software**

(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:

**Christopher M. Brown**

Office Address:

**4425 Martin Highway**

**Palm City**

(City)

**Florida 34990**

(Zip code)

2007 MAY 25 PM 1:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**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:

**A. DIRECTORS**

Chairman: Christopher M. Brown

Address: PO Box 1097, Palm City, FL 34991

Vice Chairman: \_\_\_\_\_

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

Director: Christopher M. Brown

Address: PO Box 1097, Palm City, FL 34991

Director: Barrie L. Brown

Address: PO Box 1097, Palm City, FL 34991

**B. OFFICERS**

President: Christopher M. Brown

Address: PO Box 1097, Palm City, FL 34991

Vice President: Christopher M. Brown

Address: PO Box 1097, Palm City, FL 34991

Secretary: Barrie L. Brown

Address: PO Box 1097, Palm City, FL 34991

Treasurer: \_\_\_\_\_

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. Christopher M. Brown, President

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

**FILED**

2007 MAY 25 PM 1:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# Delaware

PAGE 1

## *The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PHYSICIANS ADVANTAGE SERVICES, INC." 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 SEVENTEENTH DAY OF MAY, A.D. 2007.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CORPORATION IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PHYSICIANS ADVANTAGE SERVICES, INC." WAS INCORPORATED ON THE FOURTH DAY OF MAY, A.D. 2007.

4346889 8300

070577191



*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5683163

DATE: 05-17-07