

F07000005664

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

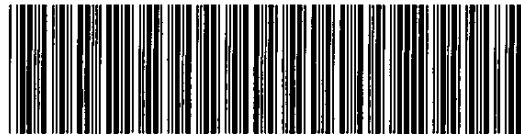
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

[Handwritten Signature]
11/16



200112161552

11/15/07--01012--012 **70.00

2007 NOV 15 AM 8:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

November 5, 2007

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:


Re: Mark E. Thompson, D.O., P.A.

Enclosed please find the following:

- (1) an original and a copy of the Application by a Foreign Professional Association for Authorization to Transact Business in Florida
- (2) an original certificate of existence from the State of Texas
- (3) a check for \$70.00 payable to the Florida Department of State

Please process this application at your earliest convenience.

Sincerely,



Dr. Mark E. Thompson, President
4103 NW Wisteria Drive
Lake City, FL 32055
216-469-7862

**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. MARK E. THOMPSON, D.O, P.A.

(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. TEXAS

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

3. 20-8178821

(FEI number, if applicable)

4. 1-11-2007

(Date of incorporation)

5. PERPETUAL

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

6. 11-15-2007

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

7. 14120 NORTHWEST BLVD., CORPUS CHRISTI, TX 78410

(Principal office address)

4103 NW WISTERIA DR., LAKE CITY, FL 32055

(Current mailing address)

8. RADIATION ONCOLOGY

(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: DR. MARK E. THOMPSON

Office Address: 4103 NW WISTERIA DR.

LAKE CITY

(City)

, Florida 32055

(Zip code)

2007 NOV 15 AM 8:19
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: DR. MARK E. THOMPSON

Address: 4103 NW WISTERIA DR.
LAKE CITY, FL 32055

Vice Chairman: LAURINE M. THOMPSON

Address: 4103 NW WISTERIA DR.
LAKE CITY, FL 32055

Director: DR. MARK E. THOMPSON

Address: 4103 NW WISTERIA DR.
LAKE CITY, FL 32055

Director: LAURINE M. THOMPSON

Address: 4103 NW WISTERIA DR.
LAKE CITY, FL 32055

B. OFFICERS

President: DR. MARK E. THOMPSON

Address: 4103 NW WISTERIA DR.
LAKE CITY, FL 32055

Vice President: LAURINE M. THOMPSON

Address: 4103 NW WISTERIA DR.
LAKE CITY, FL 32055

Secretary: LAURINE M. THOMPSON

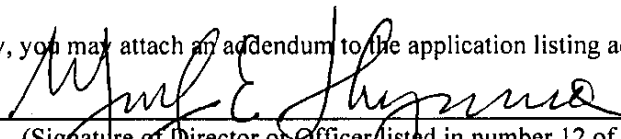
Address: 4103 NW WISTERIA DR., LAKE CITY, FL 32055

Treasurer: DR. MARK E. THOMPSON

Address: 4103 NW WISTERIA DR., LAKE CITY, FL 32055

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. _____

DR. MARK E. THOMPSON, PRESIDENT

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

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697



Phil Wilson
Secretary of State

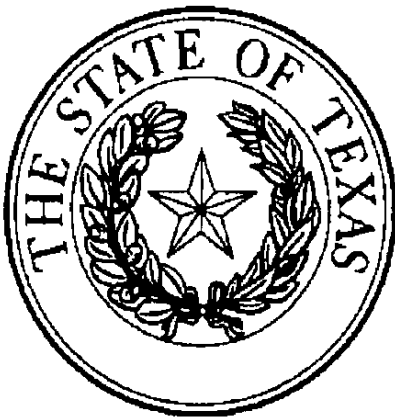
Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for MARK E. THOMPSON, D.O., P.A. (file number 800758618), a Professional Association, was filed in this office on January 11, 2007.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on November 05, 2007.



A handwritten signature in cursive script that reads "Phil Wilson".

Phil Wilson
Secretary of State