

F08000000772

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

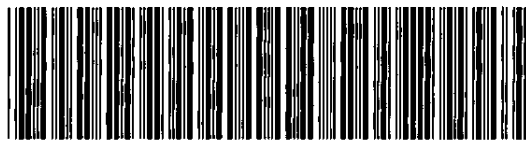
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: CIRCLE CITY MEDICAL 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:

LORETTA PROEDGE
(Name of Person)
CIRCLE CITY MEDICAL
(Firm/Company)
4511 W. 99TH ST.
(Address)
CARAMEL, IN 46032
(City/State and Zip code)

For further information concerning this matter, please call:

LORETTA PROEDGE at (317) 928-1144
(Name of Person) (Area Code & Daytime Telephone Number)

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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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 6, 2008

CIRCLE CITY MEDICAL, INC.
4511 W. 99TH STREET
CARMEL, IN 46032

SUBJECT: CIRCLE CITY MEDICAL, INC.
Ref. Number: W08000005443

We have received your document for CIRCLE CITY MEDICAL, INC. and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

We have received in our office the check and certificate of status from you. We did not receive the application. When the check was received it had a note from the post office which I have attached for you to see, so I do not know if the application was with it. The Certificate was received separately from the check so I'm enclosing a copy of the application that needs to be completed.

Please return 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) 245-6913.

Diane Cushing
Document Specialist Supervisor

Letter Number: 508A00007911

**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. CIRCLE CITY MEDICAL, 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. INDIANA 3. 35-1882356
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 3-16-1993 5. _____
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 12-3-2007
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 4511 W. 99TH ST. CARMEL, IN 46032
(Principal office address)

SAME
(Current mailing address)

8. SALES
(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: JANE YORK

Office Address: 1333 JAN MATEO AVE
JACKSONVILLE, Florida 32207
(City) (Zip code)

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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.

Jane York
(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: TODD KATZ

Address: 4511 W. 97TH ST.

CARMEL, IN 46032

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: TODD KATZ

Address: 4511 W. 97TH ST.

CARMEL, IN 46032

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

13. TODD KATZ
(Signature of Director or Officer listed in number 12 of the application)

14. TODD KATZ PRESIDENT
(Typed or printed name and capacity of person signing application)

STATE OF INDIANA
OFFICE OF THE SECRETARY OF STATE
CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greetings:

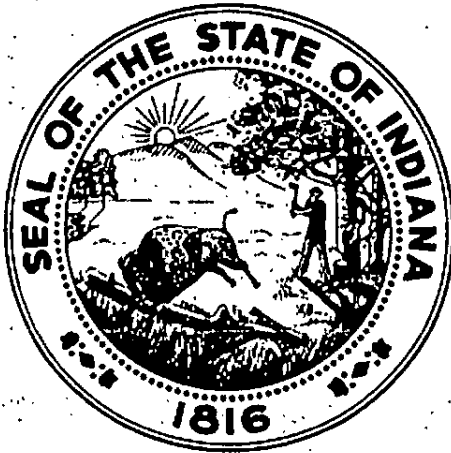
I, TODD ROKITA, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records; and proper official to execute this certificate.

I further certify that records of this office disclose that

CIRCLE CITY MEDICAL, INC.

duly filed the requisite documents to commence business activities under the laws of State of Indiana on March 16, 1993, and was in existence or authorized to transact business in the State of Indiana on January 18, 2008.

I further certify this For-Profit Domestic Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the city of Indianapolis, this Eighteenth Day of January, 2008.

Todd Rokita

TODD ROKITA, Secretary of State

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA