

FD80000003934

Division of Corporations

Page 1 of 1

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H08000211228 3)))



H080002112283ABCY

**Note: DO NOT** hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:  
Division of Corporations  
Fax Number : (850)617-6381

From:  
Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850)222-1092  
Fax Number : (850)878-5926

RECEIVED  
08 SEP -9 PM 4:01  
DIVISION OF CORPORATION

**FOREIGN PROFIT/NONPROFIT CORPORATION**

Select Physician Solutions, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

FILED  
08 SEP -9 AM 10:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Menu

MRD 9/10

**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. Select Physician Solutions, 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 3. 25-2646333  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 8/10/2008 5. perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. upon registration  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 14295 Midway Road, Suite 300, Addison, TX 75001  
(Principal office address)  
14295 Midway Road, Suite 300, Addison, TX 75001  
(Current mailing address)
8. Pursue contracts related to workers' compensation claims  
(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: C T 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.*  
C T Corporation System  
By: [Signature]  
(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:

FILED  
08 SEP -9 AM 10:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**A. DIRECTORS**

Chairman: See Exhibit "A" attached hereto

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

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

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

Director: \_\_\_\_\_

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

Director: \_\_\_\_\_

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

**B. OFFICERS**

President: See Exhibit "A" Attached hereto

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

Vice President: \_\_\_\_\_

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

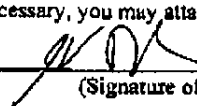
Secretary: \_\_\_\_\_

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

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. J. Vincent Drucker, Chief Executive Officer  
(Typed or printed name and capacity of person signing application)

**EXHIBIT "A"**  
**LIST OF DIRECTORS**

Scott Brock  
9400 North Central Expressway, Suite 1400  
Dallas, Texas 75231

James O'Donnell  
5949 Sherry Lane, Suite 1450  
Dallas, TX 75225

William A. Montgomery III  
5949 Sherry Lane, Suite 1450  
Dallas, Texas 75225

J. Vincent Drucker  
14295 Midway Road, Suite 300  
Addison, TX 75001

Richard Leonardo  
14295 Midway Road, Suite 300  
Addison, TX 75001

**LIST OF OFFICERS**

<u>Name</u>	<u>Title</u>
J. Vincent Drucker 14295 Midway Road, Suite 300 Addison, TX 75001	Chief Executive Officer
Richard Leonardo 14295 Midway Road, Suite 300 Addison, TX 75001	President
Lori Browne 14295 Midway Road, Suite 300 Addison, TX 75001	Secretary

FILED

08 SEP -9 AM 10: 05

*Delaware*

PAGE

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SELECT PHYSICIAN SOLUTIONS, 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 NINTH DAY OF SEPTEMBER, A.D. 2008.

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



4531951 8300

080937917

You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6838510

DATE: 09-09-08