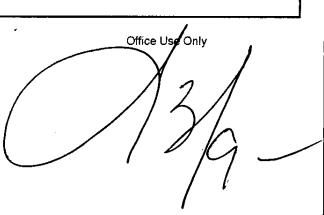
# F09000000947

(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:	7

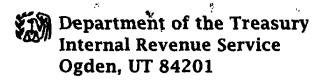




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SECRETARY OF STATE
TALLAHASSEE. FLORID!



In reply refer to: Mar 25, 2008

0443470556 LTR 147C

75-3133007

PHYSICIANS RELOCATION SERVICE INC OKLAHOMA REALTY EXECUTIVES 3920 RIDGELINE DR NORMAN OK 73072-1723 206

Taxpayer Identification Number: 75-3133007

Form(s):

Dear Taxpayer:

This letter is in response to your telephone inquiry of March 25th, 2008.

Your Employer Identification Number (EIN) is 75-3133007. Please keep this number in your permanent records. You should enter your name and your EIN, exactly as shown above, on all business federal tax forms that require its use, and on any related correspondence documents.

If you have any questions regarding this letter, please call our Customer Service Department at 1-800-829-0115 between the hours of 7:00 AM and 10:00 PM. If you prefer, you may write to us at the address shown at the top of the first page of this letter. When you write, please include a telephone number where you may be reached and the best time to call.

Sincerely,

Jayme Glover 29-82533

Customer Service Representative

# **COVER LETTER**

TO: New Filing Section Division of Corporations		
SUBJECT: Physicians	Kelocation Services, Inc.	
(Name of corpor	ration - must include suffix)	
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation "Certificate of Existence," and check are submitted transact business in Florida.	for Authorization to Transact Business in Florida," to register the above referenced foreign corporation to	
Please return all correspondence concerning this ma	atter to the following:	
Hpril A	10 (5	
(Nam	e of Person)	
Thysicians Ka	Jocation Services, Inc.	
(Firm	(Company)	
<u>624 000</u>	ario Are	
(A	Address)	
Lampa	FL 33606 ate and Zip code)	
(Čity/St	ate and Zip code)	
For further information concerning this matter, plea	se call:	
April Aye(5 at (405) 370-1132 (Area Code & Daytime Telephone Number)		
(Name of Person) (Area Code & Daytime Telephone Number)		
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
New Filing Section  Division of Corporations  New Filing Section  Division of Corporations		
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle Tallahassee, FL 32301	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 & Sertified Copy  \$87.50 Filing Fee, Certified Copy  Certified Copy	

# APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWIN REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE O	
1. Physicians Relocation Services, I	- ·^C
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORA	TION,"
"Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")	
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of trans	me in FL
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of trans	acting business in Florida)
2. Oklahoma 3. 75-3133.	7 cc
(State or country under the law of which it is incorporated) (FEI number, it	applicable)
4. October 8, 2003 5. Derpetu (Date of incorporation) 5. (Duration: Year corp. will cea	ace to exist or "nernetual")
	ise to exist of perpetual )
6. (Date first transacted business in Florida, if prior to registration	)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty l	
	ok 73072
3920 Ridgeline Dr. Norman	OY 73077
(Current mailing address)	OK 73072
(0	
8.	
(Purpose(s) of corporation authorized in home state or country to be carried out in state of	<b>-1</b>
9: Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	SEC SEC
Name: Horil Hyers	1009 MAR SECRETA ALLAHA
Office Address: 624 Ontario Ave.	-6 ARY SSE
Tanpa, Florida 33606 (City)	STA & U
10. Pagistared agent?s aggentances	35 11D <sub>A</sub>
10. Registered agent's acceptance:  Having been named as registered agent and to accept service of process for the above s	tated corporation at the place
designated in this application, I hereby accept the appointment as registered agent and further agree to comply with the provisions of all statutes relative to the proper and con	
and I am familiar with and accept the obligations of my position as registered agent.	
V	
(Registered agent's signature)	<del></del>
•	

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: Hpcil Hyers
Address: 3920 Ridgeline Dc.
Norman, OK 73072
Vice Chairman:
Address:
Director:
Address:
Director:
Address:
B. OFFICERS
$\Lambda = \Lambda = \Lambda$
25.
Address: 3720' Kidgeline Dc.  Norman, OK 73092
$\wedge$ - 1 $\wedge$
Vice President: Hpc, 1 Hye(5
Address: 3920 Kidgeline Dr.
Most Ans
Secretary: Hyer
Address: 3925 Ridgeline Dr. Norman OK 73072
Address: 3920 Ridgeline Dr. Norman, OK 73072
Address: 3920' Kidgeline Dr. Ybrman, OK 13072
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. Horil Ayers
(Typed or printed name and capacity of person signing application)

#### 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 RELOCATION SERVICE, INC. whose registered agent is APRIL AYERS, with its registered office at 3925 RIDGELINE DR NORMAN 73072 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.

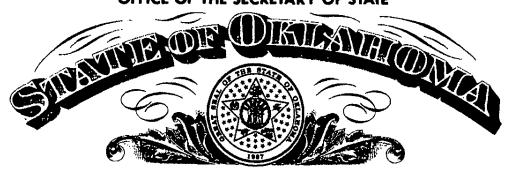


IN TESTIMONY WHEREOF, I hereunto set my hand and affixed the Great Seal of the State of Oklahoma, done at the City of Oklahoma City, this <u>27th</u>, day of <u>December</u>, <u>2008</u>.

Secretary Of State

M. hisan Javage

#### OFFICE OF THE SECRETARY OF STATE



## CERTIFIED COPY OF ALL DOCUMENTS ON FILE

### **CERTIFICATE**

I THE UNDERSIGNED, Secretary of State of the State of Oklahoma, do hereby certify that, to the date of this certificate, the attached is a true and correct copy of all documents on file in this office as described below of:

# NAME OF ENTITY PHYSICIANS RELOCATION SERVICE, INC.

#### **DOCUMENT TYPE**

Amended Certificate of Incorporation with Increase in Stock
Certificate of Incorporation

#### **DOCUMENT FILING DATE**

December 12, 2007

October 08, 2003



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 <u>27th</u>, day of <u>December</u>, 2008.

Secretary Of State