

FD9000000947

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

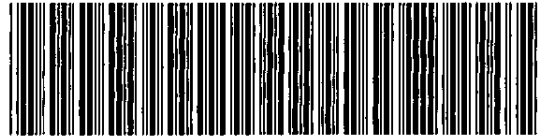
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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03/06/09--01026--018 \*\*87.50

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2009 MAR -6 AM 8:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*[Handwritten signature]*



**Department of the Treasury  
Internal Revenue Service  
Ogden, UT 84201**

In reply refer to: 0443470556  
Mar 25, 2008 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 Relocation 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:

April Ayers  
(Name of Person)  
Physicians Relocation Services, Inc.  
(Firm/Company)  
624 Ontario Ave  
(Address)  
Tampa, FL 33606  
(City/State and Zip code)

For further information concerning this matter, please call:

April Ayers at 405, 370-1132  
(Name of Person) (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

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TALLAHASSEE, FLORIDA

12. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: April Ayers

Address: 3920 Ridgeline Dr.  
Norman, OK 73072

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

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

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

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

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

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

**B. OFFICERS**

President: April Ayers

Address: 3920 Ridgeline Dr.  
Norman, OK 73072

Vice President: April Ayers

Address: 3920 Ridgeline Dr.  
Norman, OK 73072

Secretary: April Ayers

Address: 3920 Ridgeline Dr. Norman, OK 73072

Treasurer: April Ayers

Address: 3920 Ridgeline Dr. Norman, OK 73072

**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. April 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 27th, day of December, 2008.*

*M. Susan Savage*

*Secretary Of State*

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 27th, day of December, 2008.*

*M. Susan Savage*

*Secretary Of State*