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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EF 10/7/09

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Medical Collections Specialists, 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," or "Certificate of Good Standing" 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:

Maria E. TABARES

Name of Person

Medical Collections Specialists, Inc.

Firm/Company

6862 Travis Road

Address

Greenwood, Indiana 46143

City/State and Zip code

mcsi@medicalcollectionsspecialists.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maria Tabares

Name of Person

at (800) 875-3112

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 Cop ☒ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**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. Medical Collections Specialists, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

Florida Medical Collections Specialists, Inc.
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Indiana 3. 20-1457290
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. July 23, 2004 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 6862 Travis Road Greenwood, Indiana 46143
(Principal office address)

P.O. Box 314 Bargersville, Indiana 46106
(Current mailing address)

8. Collecting medical debt. We are a collection agency
(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: Michael O'Connor

Office Address: CFRPM, LLC

6545 W. SR 44


Lake Panasoffkee (City)

Florida 33538
(Zip code)

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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: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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TALLAHASSEE, FLORIDA

B. OFFICERS

President: Maria E. Tabares

Address: 6862 Travis Road

Greenwood Indiana 46143

Vice President: _____

Address: _____

Secretary: Maria E. Tabares

Address: 6862 Travis Road Greenwood In. 46143

Treasurer: _____

Address: _____

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

13. Maria E. Tabares

(Signature of Director or Officer listed in number 12 of the application)

14. Maria E. Tabares, President

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

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

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TALLAHASSEE, FLORIDA

To Whom These Presents Come, Greetings:

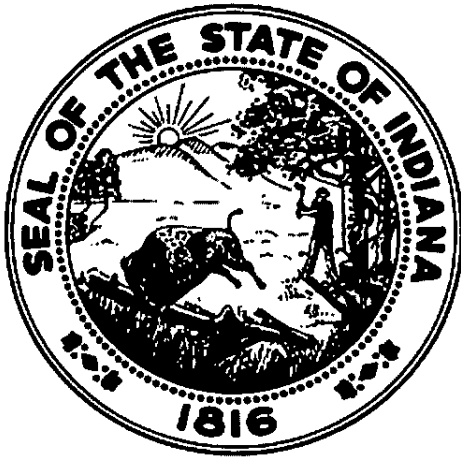
I, TODD ROKITA, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

MEDICAL COLLECTIONS SPECIALISTS, INC.

duly filed the requisite documents to commence business activities under the laws of State of Indiana on July 23, 2004, and was in existence or authorized to transact business in the State of Indiana on October 06, 2009.

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 Sixth Day of October, 2009.

A handwritten signature in black ink, reading "Todd Rokita".

TODD ROKITA, Secretary of State

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