

F10000000737

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

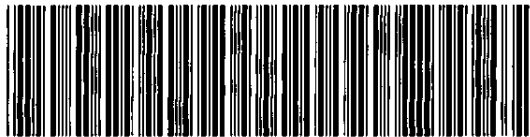
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 FEB 12 2010

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: 13785 Bald Cypress Circle

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:

Randal Fairbanks

Name of Person

Fairbanks & McGillin P.L.

Firm/Company

113 Nature Walk Parkway, Ste 103

Address

St. Augustine, FL 32092

City/State and Zip code

rfairbanks@fmpllaw.com

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

For further information concerning this matter, please call:

Carl Schultz

at (239) 275-8000

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:

- | | | | |
|--|--|---|---|
| <input checked="" type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input type="checkbox"/> \$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. Dr. Carl Schultz, P.C.

(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. Iowa

(State or country under the law of which it is incorporated)

3. _____

(FEI number, if applicable)

4. 1/1/86

(Date of incorporation)

5. perpetual

(Duration: Year corp. will cease to exist or "perpetual")

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

7. 13785 Bald Cypress Circle Fort Myers, Florida 33907

(Principal office address)

13785 Bald Cypress Circle Fort Myers, Florida 33907

(Current mailing address)

8. Any lawful business, primarily medical services

(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: Randal Fairbanks

Office Address: 113 Nature Walk Parkway, Ste 103

St. Augustine, FL

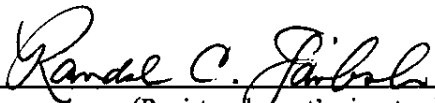
(City)

, Florida 32092

(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.



(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.

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TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: Carl Schultz

Address: 13785 Bald Cypress Circle

Fort Myers, Florida 33907

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Carl Schultz

Address: 13785 Bald Cypress Circle

Fort Myers, Florida 33907

Vice President: Carl Schultz

Address: Fort Myers, Florida 33907

Fort Myers, Florida 33907

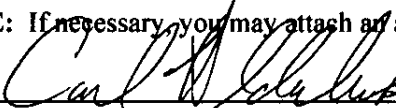
Secretary: Carl Schultz

Address: 13785 Bald Cypress Circle, Fort Myers, Florida 33907

Treasurer: Carl Schultz

Address: 13785 Bald Cypress Circle, Fort Myers, Florida 33907

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. Carl Schultz, D.O.
(Typed or printed name and capacity of person signing application)

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TALLAHASSEE, FLORIDA

**IOWA SECRETARY OF STATE
MICHAEL A. MAURO**



Certificate Validation

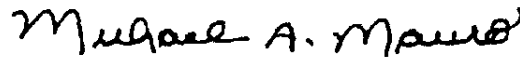
The following certificate was issued by the Iowa Secretary of State.
Certificate ID: CS36719
Validation Date: 2/1/2010

Date: 2/1/2010

CERTIFICATE OF EXISTENCE

Name: DR. CARL SCHULTZ, P.C. (496CDP - 106243)
Date of Incorporation: 1/1/1986
Duration: PERPETUAL

I, MICHAEL A. MAURO, Secretary of State of the State of Iowa, custodian of the records of incorporations, certify that the corporation named on this certificate is in existence and was duly incorporated under the laws of Iowa, that all fees required by the Iowa Business Corporation Act have been paid by the corporation, that the most recent biennial corporate report required has been filed by the Secretary of State, and that articles of dissolution have not been filed.


MICHAEL A. MAURO SECRETARY OF STATE

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA