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Division of Corporations

Florida Department of State  
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FOREIGN PROFIT/NONPROFIT CORPORATION  
PATIENT FINANCIAL MEDICAL SERVICES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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# 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. Patient Financial Medical Services, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Missouri 3. 27-2230245  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. March 29, 2010 5. perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. Three CityPlace Drive, Suite 690, St. Louis, MO 63141  
(Principal office address)

Three CityPlace Drive, Suite 690, St. Louis, MO 63141  
(Current mailing address)

8. to engage in any lawful act or activity for which corporations may be organized  
(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: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301  
(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.

Corporation Service Company

By: William M. Edrington

(Registered agent's signature)

William M. Edrington  
Authorized Representative

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

## A. DIRECTORS

Chairman: See attached

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

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

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

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

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

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

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

## B. OFFICERS

President: See attached

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

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

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

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

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

Treasurer: \_\_\_\_\_

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

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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. \_\_\_\_\_

Michael A DiMarco, President

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

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**List of Officers/Directors****Patient Financial Medical Services, Inc.**

<b>Name/Title</b>	<b>Address</b>
Michael A. DiMarco, President/CEO/Director	Three CityPlace Drive, Ste. 690, St. Louis, MO 63141
Mark Rowland, Asst. Secy/CFO	Three CityPlace Drive, Ste. 690, St. Louis, MO 63141
Patrick Haiz, Secretary, Director	100 Bayview Circle, #5000, Newport Beach, CA 92660
Michael Kaye, Director	100 Bayview Circle, #5000, Newport Beach, CA 92660

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# STATE OF MISSOURI



Robin Carnahan  
Secretary of State

**CORPORATION DIVISION  
CERTIFICATE OF GOOD STANDING**

I, ROBIN CARNAHAN, Secretary of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

**PATIENT FINANCIAL MEDICAL SERVICES, INC.  
01046964**

was created under the laws of this State on the 29th day of March, 2010, and is in standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I have set my hand and imprinted the GREAT SEAL of the State of Missouri, on this, the 5th day of April, 2010

*Robin Carnahan*

Secretary of State



Certification Number: 12703633-1 Reference:  
Verify this certificate online at <https://www.mo.gov/businessentity/soskb/verify.asp>