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2010 APR 27 P 12:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4-29-10
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COVER LETTER

FILED
2010 APR 27 P 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TO: New Filing Section
Division of Corporations

SUBJECT: Brandywine Medical Management 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," 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:

Doris Heher
Name of Person
Brandywine Medical Management Services, Inc.
Firm/Company
2 Christy Drive, Suite 100
Address
Chadds Ford, PA 19317
City/State and Zip code
patricia.boudwin@bmmsi.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Doris Heher at (610) 869-7210
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

**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. Brandywine Medical Management Services, Inc.

(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. Pennsylvania

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

3. _____

(FEI number, if applicable)

4. 02/23/1987

(Date of incorporation)

5. Perpetual

(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. 2 Christy Drive, Suite 100, Chadds Ford, PA 19317

(Principal office address)

Same

(Current mailing address)

8. Debt Collection

(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: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation

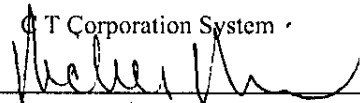
(City)

, Florida 33324

(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.

By: C T Corporation System

(Registered agent's signature)

Michele Miller
Assistant Secretary

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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2000 APR 27 P 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Daniel Hoffman

Address: 2 Christy Drive, Suite 100

Chadds Ford, PA 19317

Director: Vickie Walker

Address: 2 Christy Drive, Suite 100

Chadds Ford, PA 19317

B. OFFICERS

President: Doris Heher

Address: 2 Christy Drive, Suite 100

Chadds Ford, PA 19317

Vice President: Raymond Lloyd

Address: 2 Christy Drive, Suite 100

Chadds Ford, PA 19317

Secretary: Patricia Boudwin

Address: 2 Christy Drive, Suite 100, Chadds Ford, PA 19317

Treasurer: John Heher

Address: 2 Christy Drive, Suite 100, Chadds Ford, PA 19317

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

13. _____ Paul CEO

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

14. Doris Heher, President Doris L Heher

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

FILED
2010 APR 27 P 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

APRIL 6, 2010

FILED
2010 APR 27 P 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

BRANDYWINE MEDICAL MANAGEMENT SERVICES INCORPORATED

is duly incorporated under the laws of the Commonwealth of Pennsylvania and
remains a subsisting corporation so far as the records of this office show, as of
the date herein.



IN TESTIMONY WHEREOF, I have
hereunto set my hand and caused
the Seal of the Secretary's Office to
be affixed, the day and year above
written.

Pedro A. Cortes

Secretary of the Commonwealth