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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 SEP 15 PM 4:46

APPROVED  
AND  
FILED

VN

110-39891

**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** ALABAMA MEDICAL CONSULTANTS, 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:

JOHN M. CUCKLER

Name of Person

ALABAMA MEDICAL CONSULTANTS, INC.

Firm/Company

12005 COLLIER'S RESERVE DR.

Address

NAPLES, FL 34110

City/State and Zip code

CUCKLER@CHARTER.NET

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

For further information concerning this matter, please call:

JAMES L. HART, CPA

Name of Person

at (205) 871-1880

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 24, 2010

JOHN M. CUCKLER  
12005 COLLIER'S RESERVE DR  
NAPLES, FL 34110

SUBJECT: ALABAMA MEDICAL CONSULTANTS, INC.  
Ref. Number: W10000039891

We have received your document for ALABAMA MEDICAL CONSULTANTS, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The person listed on line 14 of the application has to sign on line 13.

The name and title of the person signing the document must be noted beneath or opposite the signature.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6962.

Valerie Herring  
Regulatory Specialist II  
New Filing Section

Letter Number: 410A00020267

**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. ALABAMA MEDICAL CONSULTANTS, INC.

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

ALABAMA MEDICAL CONSULTANTS (OF FLORIDA), INC.

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

2. ALABAMA

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

3. 63-1215988

(FEI number, if applicable)

4. 12/21/1998

(Date of incorporation)

5. PERPETUAL

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

6. UPON APPLICATION APPROVAL

(Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 12005 COLLIER'S RESERVE DR. NAPLES, FL 34110

(Principal office address)

12005 COLLIER'S RESERVE DR. NAPLES, FL 34110

(Current mailing address)

8. TO PROVIDE MEDICAL CONSULTING 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: JOHN M. CUCKLER

Office Address: 12005 COLLIER'S RESERVE DR.

NAPLES

(City)

Florida34110

(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.

APPROVED  
AND  
FILED  
10 SEP 15 PM 4:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ALABAMA MEDICAL CONSULTANTS, INC.

63-1215988

APPROVED  
AND  
FILED

ATX1

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

**A. DIRECTORS**

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

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

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

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

Director: JOHN M. CUCKLER

Address: 12005 COLLIER'S RESERVE DR.

NAPLES, FL 34110

Director: MARJORIE CUCKLER

Address: 12005 COLLIER'S RESERVE DR.

NAPLES, FL 34110

**B. OFFICERS**

President: JOHN M. CUCKLER

Address: 12005 COLLIER'S RESERVE DR.

NAPLES, FL 34110

Vice President: MARJORIE CUCKLER

Address: 12005 COLLIER'S RESERVE DR.

NAPLES, FL 34110

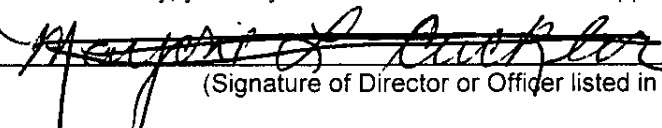
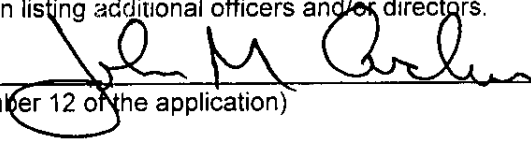
Secretary: MARJORIE CUCKLER

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

Treasurer: MARJORIE CUCKLER

Address: 12005 COLLIER'S RESERVE DR. NAPLES, FL 34110

**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. JOHN M. CUCKLER

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

Beth Chapman  
Secretary of State

P.O. Box 5616  
Montgomery, AL 36103-5616

# STATE OF ALABAMA

I, Beth Chapman, Secretary of State of the State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the domestic corporation records on file in this office disclose that Alabama Medical Consultants, Inc. incorporated in Jefferson County, Mountain Brook, Alabama on December 21, 1998. I further certify that the records do not disclose that said Alabama Medical Consultants, Inc. has been dissolved.

10 SEP 15 PM 4:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED



In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the City of Montgomery, on this day.

August 12, 2010

Date

Beth Chapman

*Beth Chapman*

Secretary of State