

F11000003253

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

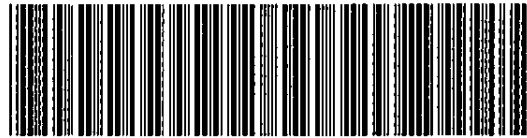
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900210834579

08/11/11--01023--019 **87.50

FILED
24 AUG 11 AM 10:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers AUG 12 2011



SCHUMACHERGROUP

200 CORPORATE BLVD., SUITE 201
LAFAYETTE, LA 70508
800.893.9698
FAX 337.237.5095
SCHUMACHERGROUP.COM

August 10, 2011

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: Foreign Qualification of National Hospitalist Services, Professional Corporation

Dear Sir/Madame:

Enclosed please find our documentation to qualify the above referenced entity. Please return the approved qualification in the enclosed Federal Express envelope.

Thank you for your assistance in this matter. Should you have any questions or concerns, please contact me at (337) 354-1134 or my email of liz_breaux@schumachergroup.com . If an email notification of acceptance of the filing is possible, please do so.

Sincerely,

National Hospitalist Services, Professional Corporation

Liz Breaux
Corporations Coordinator
/lb
Enclosures

241 AUG 11 AM 13:07
RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32301

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: National Hospitalist Services, Professional Corporation
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:

Liz Breaux

Name of Person

National Hospitalist Services, Professional Corporation

Firm/Company

200 Corporate Blvd. Ste 201

Address

Lafayette, LA 70508

City/State and Zip code

liz_breaux@schumachergroup.com

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

For further information concerning this matter, please call:

Liz Breaux

Name of Person

at (337) 354-1134

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. National Hospitalist Services, Professional Corporation

(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. Louisiana

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

3. 27-2374050

(FEI number, if applicable)

4. 4/13/2010

(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. 200 Corporate Blvd Ste. 201, Lafayette, LA 70508

(Principal office address)

P.O. Box 82368, Lafayette, LA 70598-2368

(Current mailing address)

8. Professional Employment Organization

(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: CT Corporation System

Office Address: 1200 South Pine Island Road

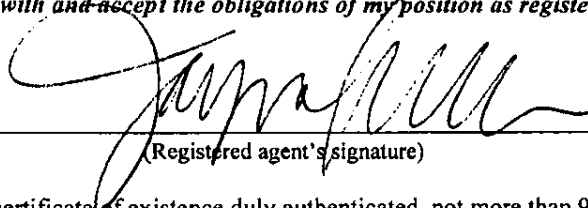
Plantation, Florida 33324

(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.


(Registered agent's signature)

**Jayna Nickell
Asst. 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.

2PM AUG 11 AM 12:07
SECRETARY OF STATE
PALM BEACH, FLORIDA

FILED

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: David M. Grace, MD

Address: 110 Queen of Peace Drive

Lafayette, LA 70508

B. OFFICERS

President: David M. Grace, MD

Address: 110 Queen of Peace Drive

Lafayette, LA 70508

Vice President: _____

Address: _____

Secretary: David M. Grace, MD

Address: 110 Queen of Peace Drive, Lafayette, LA 70508

Treasurer: _____

Address: _____

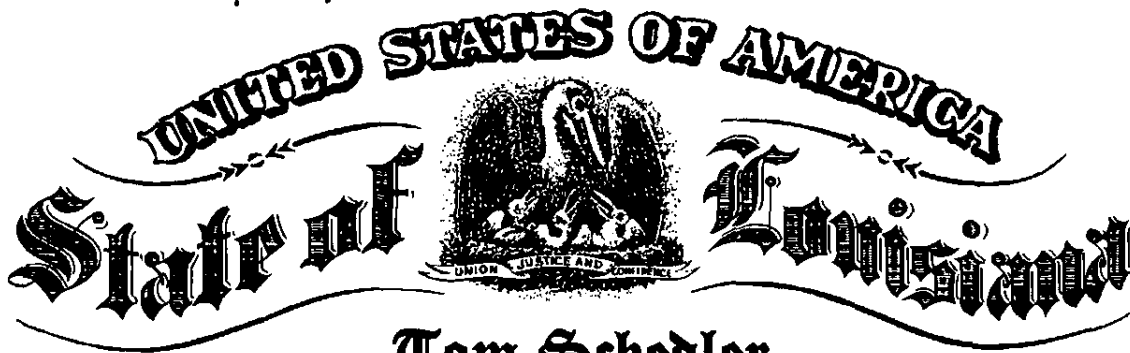
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. _____

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

14. David M. Grace, MD, Director/President/Secretary

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



Tom Schedler
SECRETARY OF STATE

As Secretary of State of the State of Louisiana, I do hereby Certify that

NATIONAL HOSPITALIST SERVICES, PROFESSIONAL CORPORATION

A corporation domiciled in LAFAYETTE, LOUISIANA,

Filed charter and qualified to do business in this State on April 13, 2010,

I further certify that the records of this Office indicate the corporation has paid all fees due the Secretary of State, and so far as the Office of the Secretary of State is concerned is in good standing and is authorized to do business in this State.

I further certify that this Certificate is not intended to reflect the financial condition of this corporation since this information is not available from the records of this Office.

2011 AUG 11 AM 10:07
OFFICE OF THE
SECRETARY OF STATE
Baton Rouge, LA 70801

FILED

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

August 9, 2011

Secretary of State

Web 40181171D



Certificate ID: 10191613#M7D52

To validate this certificate, visit the following web site, go to **Commercial Division, Certificate Validation**, then follow the instructions displayed.
www.sos.louisiana.gov