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SCHUMACHERGROUP

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

October 27, 2011

Florida Department of State
Division of Corporations
New Filing Section
P.O. Box 6327
Tallahassee, FL 32314

RE: Patient Financial Management Services, Inc.

Dear Sir/Madame:

Enclosed please find our Application for Certificate of Authority for the above referenced entity, along with our firm check for the filing fees.

Thank you for your assistance in this matter. Should you have any questions or concerns, please contact me at Liz_breaux@schumachergroup.com or call my direct line – (337) 354-1134.

Sincerely,

TSG Resources, Inc.

Liz Breaux
Corporations Coordinator
/lb
Enclosures

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Patient Financial 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:

Liz Breaux

Name of Person

Schumacher Group

Firm/Company

200 Corporate Blvd., Suite 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 at (337) 354-1134

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. Patient Financial Management Services, Inc.

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

N/A

(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. 45-3455745

(FEI number, if applicable)

4. 09/28/2011

(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., Suite 201, Lafayette, LA 70508

(Principal office address)

200 Corporate Blvd., Suite 201, Lafayette, LA 70508

(Current mailing address)

8. Specialized medical bill 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: CT Corporation System

Office Address: 1200 South Pines Island Road

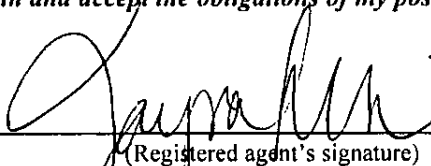
Plantation, Florida 33324

(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.

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

A. DIRECTORS

Chairman: Jeff Loney

Address: 200 Corporate Blvd., Suite 201
Lafayette, LA 70508

Vice Chairman: John Coburn

Address: 200 Corporate Blvd., Suite 201
Lafayette, LA 70508

Director: Lisha Falk

Address: 200 Corporate Blvd., Suite 201
Lafayette, LA 70508

Director: Donald Cornelius

Address: 200 Corporate Blvd., Suite 201
Lafayette, LA 70508

B. OFFICERS

President: Jeff Loney

Address: 200 Corporate Blvd., Suite 201
Lafayette, LA 70508

Vice President: John Coburn

Address: 200 Corporate Blvd., Suite 201
Lafayette, LA 70508

Secretary: Lisha Falk

Address: 200 Corporate Blvd., Suite 201, Lafayette, LA 70508

Treasurer: Rena Cottam

Address: 200 Corporate Blvd., Suite 201, Lafayette, LA 70508

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

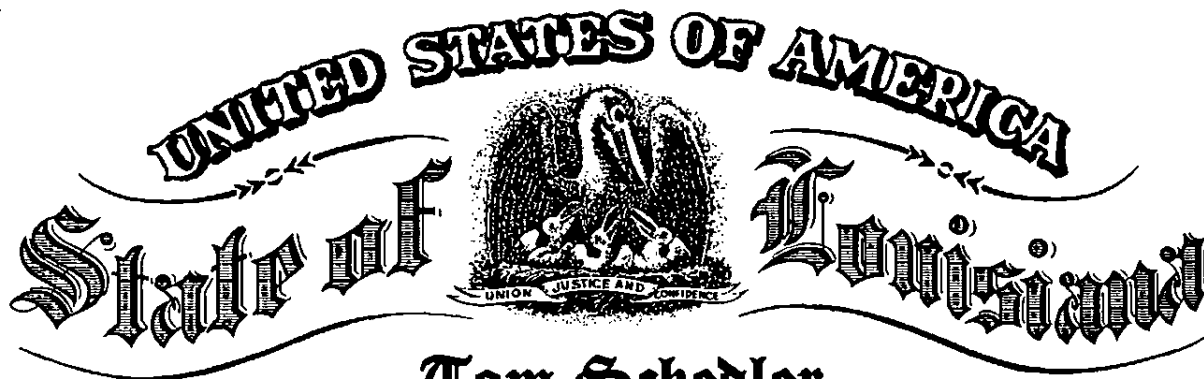
13. 
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. Lisha Falk, Secretary

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

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Tom Schedler

SECRETARY OF STATE

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

PATIENT FINANCIAL MANAGEMENT SERVICES, INC.

A corporation domiciled in LAFAYETTE, LOUISIANA,

Filed charter and qualified to do business in this State on September 28, 2011,

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.

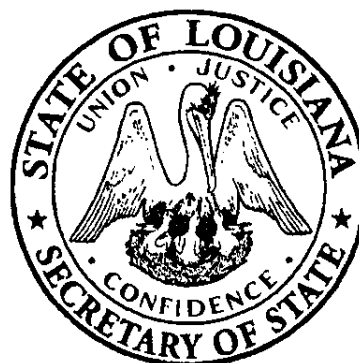
I further certify that this Certificate is not intended to reflect the financial condition of this corporation since this information is not available from the records of this Office.

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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,

October 17, 2011

Secretary of State



Certificate ID: 10210889#R9R93

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

Web 40627386D