# F12000002072

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PICK-UP WAIT MAIL				
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SECRETARY OF STATE

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## **COVER LETTER**

TO:	New Filing S Division of C				
SUB	JECT: MEDIC	COUNT MANAGEMENT	, INC.		
				n - must include suffix	
Dear	Sir or Madam:				
"Cert	ificate of Existe		Good Sta	r Authorization to Transact nding" and check are submess in Florida.	
Please	e return all corre	espondence concerning t	his matte	er to the following:	
Josep	h A. Newcomb				
Medic	count Managem	ent, Inc.	Name of	Person	
1036	1 Spartan Drive		Firm/Cor	mpany	
Cincin	ınati, Ohio 4521	5	Addı	ress	
inewco	omb@medicour		ty/State a	and Zip code	
		E-mail address: (to	be used	for future annual report no	otification)
For fu	rther information	on concerning this matte	r, please	call:	
Arnold Mann 5		513	612-3144		
	Name of Per			Code & Daytime Telephor	ne 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		
	sed is a check for the second	or the following amount:		<b>↑</b> \$78.75 Filing Fee &	<b>⊠</b> \$87.50 Filing Fee,
"لــا		Certificate of St	atus	Certified Copy	Certificate of Status &

### 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.

Medicount Ma	nagement, Inc.				_
		COMPANY," "CORPORATION,"	·		
(If name unavail	able in Florida, enter alternate corporate name add	opted for the purpose of transacting bus	iness in Flo	orida)	-
OHIO					
State or country	under the law of which it is incorporated)	(FEI number, if applicable	e)		
November 30,	1995 5. Pe	rpetual			
(Date	e of incorporation) (I	Duration: Year corp. will cease to exist	or perpet	uails)	
Not as of date	of registration		监图	Ž	. <del>-</del>
			200	91 1	
0361 Spartan I	Drive, Cincinnati, Ohio 45215		<u></u>	# <u>=</u>	C
	(Principal office address	)			
0361 Spartan [	Drive, Cincinnati, Ohio 45215		7	24	
	(Current mailing address				
			illing servi	ices.	
(Purpose(s	s) of corporation authorized in home state or count	ry to be carried out in state of Florida)			
Name and stree	et address of Florida registered agent: (P.O. B	ox NOT acceptable)			
Name:	Joseph D. Newcomb	_			
ice Address:	9602 Pavia Court	_			
	Naples	34113 . Florida			
	(If name unavail DHIO State or country November 30, (Date Not as of date  0361 Spartan I  o engage in an (Purpose(s) Name and street	(If name unavailable in Florida, enter alternate corporate name add DHIO  State or country under the law of which it is incorporated)  November 30, 1995 (Date of incorporation)  (Date first transacted business in Fl (SEE SECTIONS 607.1501 & 607.1502.0361 Spartan Drive, Cincinnati, Ohio 45215  (Principal office address (Current mailing address (Current mailing address of engage in and to own, operate, conduct and manage a business of corporation authorized in home state or count Name and street address of Florida registered agent: (P.O. Base)  Name:  9602 Pavia Court	(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting bus DHIO  State or country under the law of which it is incorporated)  November 30, 1995  (Date of incorporation)  (Date of registration  (Date first transacted business in Florida, if prior to registration)  (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  0361 Spartan Drive, Cincinnati, Ohio 45215  (Principal office address)  (Ourrent mailing address)  To engage in and to own, operate, conduct and manage a business for the purpose of medical be (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Joseph D. Newcomb  Tice Address:  9602 Pavia Court	(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Floridal (FEI number, if applicable)  State or country under the law of which it is incorporated)  (State or country under the law of which it is incorporated)  (Date of incorporation)  (Date of incorporation)  (Date first transacted business in Florida, if prior to registration)  (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  (Date of incorporation)  (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  (Oater first transacted business in Florida, if prior to registration)  (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  (Oater first transacted business in Florida, if prior to registration)  (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  (Oater first transacted business in Florida, if prior to registration)  (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  (Oater first transacted business in Florida, if prior to registration)  (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  (Oater first transacted business in Florida, if prior to registration)  (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  (Oater first transacted business in Florida, if prior to registration)  (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  (Oater first transacted business in Florida, if prior to registration)  (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  (Oater first transacted business in Florida, if prior to registration)  (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  (Oater first transacted business in Florida, if prior to registration)  (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  (Oater first transacted business in Florida, if prior to registration)  (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  (Oater first tra	(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)  OHIO  3. 31-1450800  State or country under the law of which it is incorporated)  November 30, 1995  (Date of incorporation)  (Date of incorporation)  (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  (Principal office address)  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  Name:  1000

### 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) JOSEPHD. NEWOOMB

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.

12. Names and business addresses of officers and/or directors:		FILED
A. DIRECTORS	12	
Chairman: Joseph D. Newcomb	<u> </u>	MAY 16 AM 11: 24
Address: 9602 Pavia Court	51.0 1 <u>4.0</u> 1	STARY OF STATE
Naples, Florida 34113		1000年,在1000万
Vice Chairman: Timothy Newcomb		
Address: 10361 Spartan Drive		
Cincinnati, Ohio 45215		
Director: Joseph A. Newcomb		
Address: 10361 Spartan Drive		
Cincinnati, Ohio 45215		
Director: Angela Ferguson		
Address: 10361 Spartan Drive		
Cincinnati, Ohio 45215		
B. OFFICERS		
Joseph D. Newcomb President:		
9602 Pavia Court Address:		
Naples, Florida 34113	•	
Joseph A. Newcomb Vice President:		
Address: 10361 Spartan Drive		
Cincinnati, Ohio 45215		
Joseph A. Newcomb Secretary:		
Address: 10361 Spartan Drive, Cincinnati, Ohio 45215		
Treasurer: Joseph A. Newcomb		
Address: 10361 Spartan Drive, Cincinnati, Ohio 45215		
NOTE: If necessary, you may attach an addendum to the application listing additional o	fficers a	and/or directors.
13.		
Signature of Director or Officer  The officer or director signing this document (and who is listed in number 12 above) affir are true and that he or she is aware that false information submitted in a document to the third degree felony as provided for in s.817.155, F.S.		
14. Joseph A. Newcomb, Vice President & Director		
(Typed or printed name and capacity of person signing application	on)	

## United States of America State of Ohio

FILED

Office of the Secretary of State AN 11: 24

SECRETARY OF STATE FALLAHASSEE, FLORES

I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show MEDICOUNT MANAGEMENT, INC., an Ohio corporation, Charter No. 924403, having its principal location in Cincinnati, County of Hamilton, was incorporated on November 30, 1995 and is currently in GOOD STANDING upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 30th day of April, A.D. 2012

**Ohio Secretary of State** 

Validation Number: V2012120A1AA67