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## FOREIGN PROFIT/NONPROFIT CORPORATION Physicians Specialty Ltd. Risk Retention Group Co.

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#### 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.

Physicians Specialty Ltd. Risk Retention Group Co.

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

(If name unavailable in F	lorida, enter alternate corporate nam	a adopted for the purpose of transacting business in Florida	1]	
, South Carolin	a ·	<sub>3</sub> 04-3713277		
(State or country under th	aw of which it is incorporated)	(FEI number, If applicable)		
4. 09/16/2002		s. Perpetual		
(Date of incor	poration)	(Duration: Year corp. will cease to exist or "perpetual"	)	
6			·	
1		s in Florida, if prior to registration) .1502, F.S., to determine penalty liability)		
, 1327C Ashley	River Road, Suite 2	00; Charleston, SC 29407		
D	(Principal office ac	idress)		
4535 Dressler	Rd., NW; Canton, OF	44718		
	(Current mailing ac	ldross)		
。Any and all la	wful business that m	ay be conducted by a corporation	1.	
u,		country to be carried out in state of Florida)	-	
9. Name and street addres	s of Florida registered agent: (P	O. Box NOT acceptable)	SEC	) ) ) )
Name: Gre	gory C. Yadley, Esc	q ′	AHA	
Office Address:	E. Kennedy Blvd., Ste. 2	2800	SSE	- 1
Tar	npa	, Florids 33602	E. FL	- •
	(City)	(Zip code)	STATI	
10. Registered agent's a	cceptance:			

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.



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: Dominic J. Bagnoli, M.D.		
Address: 4535 Dressler Rd., NW		
Canton, OH 44718		
Vice Chairman: David C. Packo, M.D.		
Address: 4535 Dressler Rd., NW	-	
Canton, OH 44718		
Director: Robert I. Broida, M.D.	,	
Address: 4535 Dressler Rd., NW		
Canton, OH 44718		
Director: Michael Frank, M.D.		
Address: 4535 Dressler Rd., NW	3	are 1989 5 (75a).
Canton, OH 44718	FEB	- Cl
B. OFFICERS	81	F.
President: Dominic J. Bagnoli, M.D.	HN	
Address: 4535 Dressler Rd., NW	ي.	a n ci Riteration Riteration
Canton, OH 44718	<u>د</u>	روسيدي <del>ب</del> يمير
Vice President: David C. Packo, M.D.		٠
Address: 4535 Dressler Rd., NW		
Canton, OH 44718		
Secretary: Michael Frank, M.D.		
Address: 4535 Dressier Rd., NW; Canton, OH 44718		
Treasurer: Timothy Bowman		
Address: 4535 Dressler Rd., NW; Canton, OH 44718		
NOTE: If necessary, you may princh an addentation to the application listing additional officers and/or directors.		
13. (al Droid Chi)		
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. Robert Broida, MD (COO)		

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

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Addendum to Application by Foreign Corporation for Authorization to Transact Business in Florida

#### Physicians Specialty Ltd. Risk Retention Group Co.

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

A. DIRECTORS

Director: Kevin Klauer, D.O. Address: 4535 Dressler Rd., NW; Canton, OH 44718

Director: Norman Label, M.D. Address: 4535 Dressler Rd., NW; Canton, OH 44718

Director: Paul Newton Address: 4535 Dressler Rd., NW; Canton, OH 44718

Director: Elliot Nipomnick, M.D. Address: 4535 Dressler Rd., NW; Canton, OH 44718

Director: Michael Osmundson, M.D. Address: 4535 Dressler Rd., NW; Canton, OH 44718

Director: David Scott, M.D. Address: 4535 Dressler Rd., NW; Canton, OH 44718 IVIVIVIV

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The State of South Carolina



# Office of Secretary of State Mark Hammond

## **Certificate of Existence**

#### I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

PHYSICIANS SPECIALTY LTD. RISK RETENTION GROUP,

a corporation duly organized under the laws of the State of South Carolina on September 16th, 2002, and having a perpetual duration unless otherwise indicated below, has as of the date hereof filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the Corporation that it is subject to being dissolved by administrative action pursuant to section 33-14-210 of the South Carolina Code, and that the corporation has not filed articles of dissolution as of the date hereof.

> Given under my Hand and the Great Seal of the State of South Carolina this 18th day of January, 2013.

Mark Hammond, Secretary of State

Note: This contrificate does not contain any representation concerning fees or taxes owed by the Corporation to the South Carolinia Tax Commission or whether the Corporation has filed the annual reports, with the Tax Commission. If it is important to know whether the Corporation has paid all taxes due to the State of South Carolina, and has filed the annual reports, a certificate of compliance must be obtained from the Tax Commission.