

F1300 0001002

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

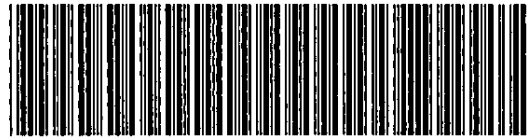
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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13 MAR -1, PM 1:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

J. Shivers MAR 06 2013



Office of Operations Counsel

VIA FEDERAL EXPRESS

March 1, 2013

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

RE: Conversion of Medical Reimbursements of America, LLC to
Medical Reimbursements of America, Inc.

Dear Madam or Sir:

Enclosed for filing is an Application by Foreign Limited Liability Company for Withdrawal of Authority to Transact Business in Florida for Medical Reimbursements of America, LLC, Application by Foreign Corporation for Authorization to Transact Business in Florida regarding Medical Reimbursements of America, Inc. and our check in the amount of \$95.00 for your filing fee.

Thank you for your assistance with this matter. Please telephone or e-mail me if you require additional documentation or fees.

Sincerely,

A handwritten signature in cursive script, appearing to read "Kathy Garst".

Kathy Garst, CPAR
Corporate Paralegal
Direct Dial (615) 850-5866 / Direct Fax (615) 261-7674
kgarst@mrareults.com

Enclosures

/kg

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Medical Reimbursements of America, 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:

Kathy Garst

Name of Person

Medical Reimbursements of America, Inc.

Firm/Company

7105 Moores Lane

Address

Brentwood, TN 37027

City/State and Zip code

kgarst@mrareresults.com

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

For further information concerning this matter, please call:

Kathy Garst

Name of Person

at (615) 850-5866

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

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TALLAHASSEE, FLORIDA

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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.

1. Medical Reimbursements of America, Inc.

(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. Delaware

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

3. 46-1064303

(FEI number, if applicable)

4. 9/25/12

(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. 7105 Moores Lane, Brentwood, TN 37027

(Principal office address)

7105 Moores Lane, Brentwood, TN 37027

(Current mailing address)

8. medical account billing

(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: National Corporate Research, Ltd., Inc.

Office Address: 155 Office Plaza Drive

Tallahassee

(City)

, Florida 32301

(Zip code)

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TALLAHASSEE, FLORIDA

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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.

Colleen M. Mahon Asst. Sec.
(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.

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

A. DIRECTORS

Chairman: Stuart McWhorter

Address: 7105 Moores Lane
Brentwood, TN 37027

Vice Chairman: Robert Rolfe

Address: 7105 Moores Lane
Brentwood, TN 37027

Director: Lyle Beasley

Address: 7105 Moores Lane
Brentwood, TN 37027

Director: Matthew King

Address: 5121 Maryland Way, Suite 300
Brentwood, TN 37027

B. OFFICERS

President: Robert Rolfe

Address: 7105 Moores Lane
Brentwood, TN 37027

Vice President: Robert Rolfe

Address: 7105 Moores Lane
Brentwood, TN 37027

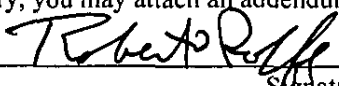
Secretary: Robert Rolfe

Address: 7105 Moores Lane, Brentwood, TN 37027

Treasurer: Robert Rolfe

Address: 7105 Moores Lane, Brentwood, TN 37027

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. Robert Rolfe, CEO

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

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

**ATTACHMENT TO APPLICATION BY FOREIGN CORPORATION FOR
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

12.A. DIRECTORS

Larry McTavish
506 Legends Ridge Court
Franklin, TN 37069

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TALLAHASSEE FLORIDA

Delaware

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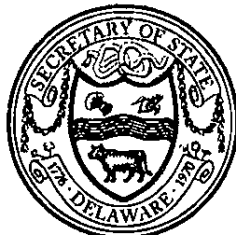
The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MEDICAL REIMBURSEMENTS OF AMERICA, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINTH DAY OF JANUARY, A.D. 2013.

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SECRETARY OF STATE
WILMINGSSSE FLORIDA



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You may verify this certificate online
at www.delaware.gov/authentic.html


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 0131719

DATE: 01-09-13