

F13000003660

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

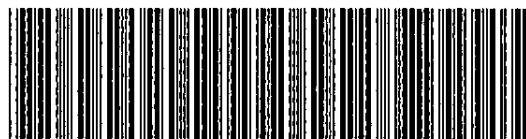
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status ☒

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

13 Aug 23 AM 11:25

SL
9-28/13

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: MedPro Provider Solutions, Inc.
Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Angela Adams

Name of Person

The Medical Protective Company

Firm/Company

5814 Reed Road

Address

Fort Wayne, IN 46835

City/State and Zip Code

angela.adams@medpro.com

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

For further information concerning this matter, please call:

Angela Adams

Name of Person

at (260) 486-0833

Area Code & Daytime Telephone Number

MAILING ADDRESS:
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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 NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO
CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN
THE STATE OF FLORIDA:

1. MedPro Provider Solutions, Inc.

(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

2. Indiana

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

3. 46-2977335

(FEI number, if applicable)

4. June 14, 2013

(Date of Incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. None

(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S., to determine penalty liability.)

7. 5814 Reed Road, Fort Wayne, Indiana 46835

(Principal office address)

5814 Reed Road, Fort Wayne, Indiana 46835

(Current mailing address)

8. Operate as a risk purchasing group

(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation

(City)

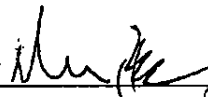
Florida 33324

(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.

Max Bode
Assistant Secretary



(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.

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DIVISION OF CORPORATIONS
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12. Names and addresses of officers and/or directors

A. DIRECTORS

Chairman: Timothy J. Kenesey

Address: 5814 Reed Road
Fort Wayne, Indiana 46835

Vice Chairman: Daniel J. Landrigan

Address: 5814 Reed Road
Fort Wayne, Indiana 46835

Director: Trent C. Heinemeyer

Address: 5814 Reed Road
Fort Wayne, IN 46835

Director: _____

Address: _____

B. OFFICERS

President: Daniel J. Landrigan

Address: 5814 Reed Road
Fort Wayne, IN 46835

Vice President: Trent C. Heinemeyer

Address: 5814 Reed Road
Fort Wayne, IN 46835

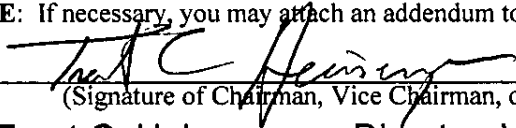
Secretary: Trent C. Heinemeyer

Address: 5814 Reed Road
Fort Wayne, IN 46835

Treasurer: _____

Address: _____

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

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Trent C. Heinemeyer, Director, Vice President and Secretary
(Typed or printed name and capacity of person signing application)

**STATE OF INDIANA
OFFICE OF THE SECRETARY OF STATE
CERTIFICATE OF EXISTENCE**

To Whom These Presents Come, Greetings:

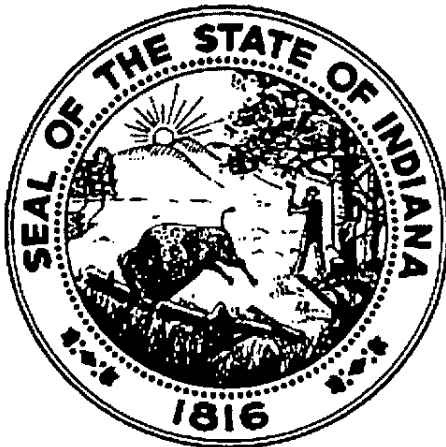
I, Connie Lawson, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

MEDPRO PROVIDER SOLUTIONS, INC.

duly filed the requisite documents to commence business activities under the laws of State of Indiana on June 14, 2013, and was in existence or authorized to transact business in the State of Indiana on July 08, 2013.

I further certify this Non-Profit Domestic Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the city of Indianapolis, this Eighth Day of July, 2013.

Connie Lawson

Connie Lawson, Secretary of State

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