

F130000004725

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

443-522051 MOD 10/31

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** MD Medical Solutions, 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:

Larry Higgins, President /,CEO

Name of Person

MD Medical Solutions, Inc

Firm/Company

133 West Market Street, Suite 215

Address

Indianapolis, IN 46204

City/State and Zip code

mdmedicalsolutions@sbcglobal.net

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

For further information concerning this matter, please call:

Larry Higgins

Name of Person

at ( 317 ) 227-7551

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



**MD MEDICAL SOLUTIONS, INC.**  
PROTRAX SYSTEM & MED CHEK SYSTEM

September 10, 2013

**FLORIDA DEPARTMENT OF STATE**  
**DIVISION OF CORPORATIONS**  
(New Filing Section)  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

To Whom It May Concern:

Enclosed you will find our company's application and filing fee for your review and records. If you have any questions concerning this correspondence, please feel free to contact me. Thanks!

Sincerely,

Larry Higgins  
President / CEO

CC: File



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 20, 2013

LARRY HIGGINS  
133 WEST MARKET STREET, SUITE 215  
INDIANAPOLIS, IN 46204

SUBJECT: MD MEDICAL SOLUTIONS, INC.  
Ref. Number: W13000052264

We have received your document for MD MEDICAL SOLUTIONS, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Maryanne Dickey  
Regulatory Specialist II

Letter Number: 613A00022135



**MD MEDICAL SOLUTIONS, INC.**  
PROTRAX SYSTEM & MED CHEK SYSTEM

September 27, 2013

**FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS**

Ms. Maryanne Dickey  
Regulatory Specialist II  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Re: Letter Number: 613A00022135**

Dear: Ms. Dickey,

Enclosed you will find our company's application that's being return to you per our telephone conversation with your office today. Ms. Dickey, the person that we spoke with told us to return it to you and to ask that you file our corporation paper work as is.

If you have any questions, please feel free to contact me. Thanks!

Sincerely,

Larry Higgins  
President / CEO

CC: File



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 9, 2013

LARRY HIGGINS  
133 WEST MARKET STREET, SUITE 215  
INDIANAPOLIS, IN 46204

SUBJECT: MD MEDICAL SOLUTIONS, INC.  
Ref. Number: W13000052264

We have received your document for MD MEDICAL SOLUTIONS, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Maryanne Dickey  
Regulatory Specialist II

Letter Number: 613A00022135



**MD MEDICAL SOLUTIONS, INC.**  
PROTRAX SYSTEM & MED CHEK SYSTEM

October 17, 2013

**FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS**

Ms. Maryanne Dickey  
Regulatory Specialist II  
(New Filing Section)  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Dear: Ms. Dickey,

Enclosed you will find our company's application for your review and records. If you have any questions concerning this correspondence, please feel free to contact me. Thanks!

Sincerely,

Larry Higgins  
President / CEO

CC: File



**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. MD Medical Solutions, 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. Indiana

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

3. 64-0950734

(FEI number, if applicable)

4. 03/25/2004

(Date of incorporation)

5. Perpetual

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

6. 05/2013

(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 133 West Market Street, Suite 215, Indianapolis, IN 46204

(Principal office address)

133 West Market Street, Suite 215, Indianapolis, IN 46204

(Current mailing address)

8. Medical 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:

Larry Higgins

Office Address:

424 East Central Blvd, Suite 681

Orlando

(City)

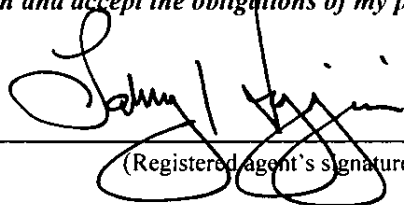
, Florida

32801

(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)

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: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: Larry Higgins

Address: 133 West Market Street, Suite 215  
Indianapolis, IN 46204

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

**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. Larry Higgins, President / CEO

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

FILED  
13 OCT 30 PM 3:06  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

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

FILED  
13 OCT 30 PM 3:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

To Whom These Presents Come, Greetings:

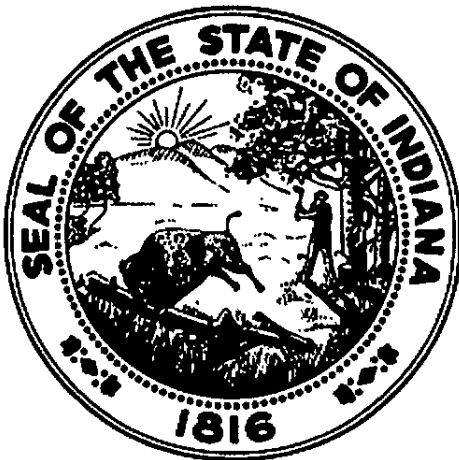
I, Connie Lawson, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

**MD MEDICAL SOLUTIONS, INC.**

duly filed the requisite documents to commence business activities under the laws of State of Indiana on March 25, 2004, and was in existence or authorized to transact business in the State of Indiana on October 17, 2013.

I further certify this For-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 Seventeenth Day of October, 2013.

*Connie Lawson*

Connie Lawson, Secretary of State

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