

F13000004845

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

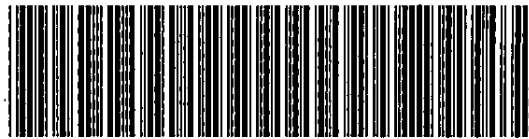
Special Instructions to Filing Officer:

Office Use Only

637-689-547-

W1300008408

\$1,500.00



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09/30/13--01003--008 \*\*87.50

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 NOV -5 PM 4:35

g 11/6/13

## COVER LETTER

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

**SUBJECT:** Meridian Medical Staffing 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:

Lisa Taylor

Name of Person

Meridian Medical Staffing Inc.

Firm/Company

9055 E mineral Circle, Suite 100

Address

Centennial, CO. 80112

City/State and Zip code

LisaT@MeridianMedicalStaffing.com

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

For further information concerning this matter, please call:

Mark Holloway at (303) 730-3333

Name of Person

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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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 23, 2013

LISA TAYLOR  
9055 E MINERAL CIRCLE  
SUITE 100  
CENTENNIAL, CO 80112

SUBJECT: MERIDIAN MEDICAL STAFFING INC.  
Ref. Number: W13000054408

We have received your document for MERIDIAN MEDICAL STAFFING 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):

Please accept our apology for failing to mention this in our previous letter.

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$650.00

Please return the corrected original and one copy of 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.

Claretha Golden  
Regulatory Specialist II  
New Filing Section

Letter Number: 113A00024792

Hello Claretha, After reviewing your letter (#113A00024792) and reviewing our original document. I have found the errors mentioned. Attached is the corrected forms. Thank you for your attention to this matter as it appears to have been over looked by both parties. We have not done business in the state of FL. Our admin assistant made an error on line 6 by entering a date. She also made an error by entering her name on line 14. Thank you, Lisa



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 1, 2013

LISA TAYLOR  
9055 E MINERAL CIRCLE  
SUITE 100  
CENTENNIAL, CO 80112

SUBJECT: MERIDIAN MEDICAL STAFFING INC.  
Ref. Number: W13000054408

RECEIVED  
13 OCT 21 AM 11:58  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

We have received your document for MERIDIAN MEDICAL STAFFING 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 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.

A brief description of the entity's nature of business must be included in the document.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return the corrected original and one copy of 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.

Claretha Golden  
Regulatory Specialist II  
New Filing Section

Letter Number: 813A00023002

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13 NOV -5 PM 4:35

**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. **Meridian Medical Staffing 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. **Colorado** 3. **20-829-8269**

(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. **1/07/2007** 5. **perpetual**

(Date of incorporation) (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. **9055 E Mineral Cir, Suite 100 Centennial. CO 80112**

(Principal office address)

**9055 E Mineral Cir, Suite 100 Centennial. CO 80112**

(Current mailing address)

8. **Medical staffing company**

(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: **Winifred W. Stowe, E.A.**

Office Address: **8950 M.L. King Jr. Street North Suite 208**

**St Petersburg, FL**, Florida **33702-3001**

(City)

(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.*

Winifred W. Stowe September 20, 2013

(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 business addresses of officers and/or directors:

**A. DIRECTORS**

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

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

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

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

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

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

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

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

**B. OFFICERS**

President: Mark Holloway

Address: 9055 E Mineral Circle, Suite 100  
Centennial, CO 80112

Vice President: Lisa Taylor

Address: 9055 E Mineral Circle, Suite 100  
Centennial, CO 80112

Secretary: Lisa Taylor

Address: 9055 E Mineral Circle, Suite 100 Centennial, CO 80112

Treasurer: Mark Holloway

Address: 9055 E Mineral Circle, Suite 100 Centennial, CO 80112

**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. Mark Holloway ; Lisa Taylor  
(Typed or printed name and capacity of person signing application)

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OFFICE OF THE SECRETARY OF STATE  
OF THE STATE OF COLORADO

**CERTIFICATE**

I, Scott Gessler, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

**Meridian Medical Staffing, Inc.**

is a **Corporation** formed or registered on 01/24/2007 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20071040732.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 10/10/2013 that have been posted, and by documents delivered to this office electronically through 10/11/2013 @ 11:43:00.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Denver, Colorado on 10/11/2013 @ 11:43:00 pursuant to and in accordance with applicable law. This certificate is assigned Confirmation Number 8663637.



Secretary of State of the State of Colorado

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\*\*\*\*\*End of Certificate\*\*\*\*\*

*Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Certificate Confirmation Page of the Secretary of State's Web site, <http://www.sos.state.co.us/biz/CertificateSearchCriteria.do> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, <http://www.sos.state.co.us/> click Business Center and select "Frequently Asked Questions."*