

F14000002234

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

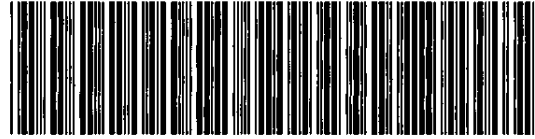
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/20/14--01010--001 **78.75

FILED
14 MAY 20 AM 11:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MD 5/22

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: MEDIGROUP CONSULTING & SUPPORT SERVICES, 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:

MARTIN PLOTKIN

Name of Person

MEDIGROUP CONSULTING & SUPPORT SERVICES, INC.

Firm/Company

1821 DORA AVENUE, SUITE 353

Address

TAVARES, FLORIDA 32778

City/State and Zip code

NOT AT PRESENT TIME

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

For further information concerning this matter, please call:

MARTIN PLOTKIN

Name of Person

at (352) 343-7728

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

FLORIDA DEPARTMENT OF STATE MAY 15, 2014

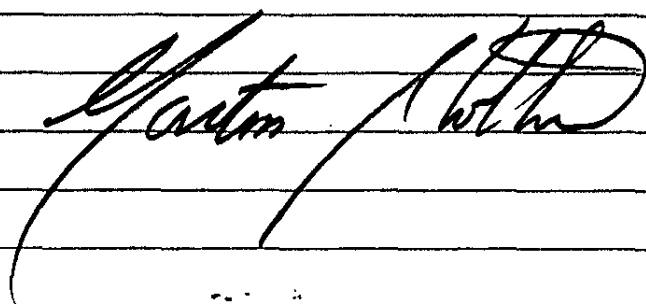
DIVISION OF CORPORATIONS

NEW FILING SECTION

GENTLEMEN:

ENCLOSED FIND COVER LETTER, APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS BY A FOREIGN CORPORATION, AND A CHECK IN THE AMOUNT OF \$78.75 IN PAYMENT OF THE FILING FEE AND FEE FOR A CERTIFICATE OF STATUS. ALSO INCLUDED IS AN ORIGINAL OF CERTIFICATE OF GOOD STANDING AS PROVIDED BY THE MISSOURI SECRETARY OF STATE, DATED MARCH 20, 2014

THANK YOU FOR YOUR ATTENTION TO THIS MATTER.



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. MEDIGROUP CONSULTING & SUPPORT SERVICES, 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. MISSOURI

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

3. 43-1450078

(FEI number, if applicable)

4. JUNE 1, 1987

(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. 1821 DORA AVE., SUITE 353, TAVARES, FL. 32778

(Principal office address)

AS ABOVE

(Current mailing address)

8. TO PROVIDE CONSULTING AND SUPPORT SERVICES TO HEALTH CARE PROVIDERS

(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: MARTIN PLOTKIN

Office Address: 1821 DORA AVE, SUITE 353

TAVARES

(City)

, Florida 32778

(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.

Martin Plotkin
(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: _____

MARTIN PLOTKIN
1821 DORA AVENUE
TAVARES, FL. 32778

Director: _____

Address: _____

B. OFFICERS

President: _____

Address: _____

MARTIN PLOTKIN
1821 DORA AVENUE
TAVARES, FL. 32778

Vice President: _____

Address: _____

Secretary: _____

Address: _____

MARTIN PLOTKIN
1821 DORA AVENUE, TAVARES, FL. 32778

Treasurer: _____

Address: _____

MARTIN PLOTKIN
1821 DORA AVENUE, TAVARES, FL. 32778

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. _____

MARTIN PLOTKIN, PRESIDENT

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

FILED
14 MAY 20 AM 11:21
STATE
TALLAHASSEE, FLORIDA

STATE OF MISSOURI



Jason Kander
Secretary of State

CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING

FILED
14 MAY 20 AM 11:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, JASON KANDER, Secretary of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

MEDIGROUP CONSULTING & SUPPPORT SERVICES, INC.
00302870

was created under the laws of this State on the 1st day of June, 1987, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I have set my hand and imprinted the GREAT SEAL of the State of Missouri, on this, the 20th day of March, 2014




Secretary of State
Certification Number: 15983730-2 Reference:
Verify this certificate online at <https://www.sos.mo.gov/businessentity/soskb/verify.asp>