

F14000002897

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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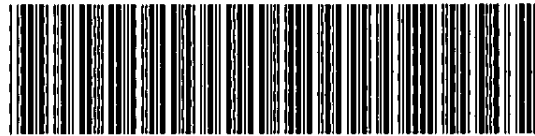
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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MD 7/8



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 204933 4328334

AUTHORIZATION

COST LIMIT : \$ 87.50

ORDER DATE : July 3, 2014

ORDER TIME : 3:46 PM

ORDER NO. : 204933-005

CUSTOMER NO: 4328334

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TALLAHASSEE, FLORIDA

FOREIGN FILINGS

NAME: INTEGRATED PRACTICE SOLUTIONS,
INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
 PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Gray -- EXT# 62925

EXAMINER: _____

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Integrated Practice 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:

Name of Person

Corporation Service Company

Firm/Company

1201 Hays Street

Address

Tallahassee

City/State and Zip code

info@cscinfo.com

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

For further information concerning this matter, please call:

Terryl Sutton

at (619) 525-3815

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

**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. Integrated Practice 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. Washington 3. 03-0592020

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

(FEI number, if applicable)

4. 05/09/2006

5. Perpetual

(Date of incorporation)

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

6. 02/01/2014

(Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 9265 Sky Park Court, Suite 200, San Diego, CA 92123

(Principal office address)

9265 Sky Park Court, Suite 200, San Diego, CA 92123

(Current mailing address)

8. Chiropractic Management Software

(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: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301

(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.

Corporation Service Company

By: Emily Gray
(Registered agent's signature)

Asst VP

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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TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: Michael Failla

Address: 9265 Sky Park Court, Suite 200, San Diego, CA 92123

Vice Chairman: None

Address:

Director: Ron McNeill

Address: 9265 Sky Park Court, Suite 200, San Diego, CA 92123

Director:

Address:

B. OFFICERS

President: Robert Moberg

Address: 9265 Sky Park Court, Suite 200, San Diego, CA 92123

Vice President: Ron McNeill

Address: 9265 Sky Park Court, Suite 200, San Diego, CA 92123

Secretary: Ron McNeill

Address: 9265 Sky Park Court, Suite 200, San Diego, CA 92123

Treasurer: Ron McNeill

Address: 9265 Sky Park Court, Suite 200, San Diego, CA 92123

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 Moberg, President

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

UNITED STATES OF AMERICA

The State of Washington

Secretary of State

I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal hereby issue this

**CERTIFICATE OF EXISTENCE/AUTHORIZATION
OF
INTEGRATED PRACTICE SOLUTIONS, INC.**

I FURTHER CERTIFY that the records on file in this office show that the above named Profit Corporation was formed under the laws of the State of WA and was issued a Certificate Of Incorporation in Washington on 5/9/2006.

I FURTHER CERTIFY that as of the date of this certificate, INTEGRATED PRACTICE SOLUTIONS, INC. remains active and has complied with the filing requirements of this office.

Date: July 7, 2014

UBI: 602-613-340



Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Kim Wyman

Kim Wyman, Secretary of State

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA