

F15000004151

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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W15-58457

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 21 2015
J. BRUCE



September 17, 2015

Deborah Bruce
Regulatory Specialist II
Florida Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Re: International Medical Group, Inc.'s Application by Foreign Corporation for
Authorization to Transact Business in Florida
Ref Number: W15000058457

Dear Ms. Bruce:

Enclosed find the executed Application with the Indiana Secretary of State Certificate of
Existence, and a copy of your correspondence dated September 3, 2015.

If I can provide additional information, please let me know.

Yours truly,

A handwritten signature in black ink, reading 'Carolyn R. Osborne', is written over the typed name.

Carolyn R. Osborne
Assistant to General Counsel
Telephone: (317) 655-4556

International Medical Group®, Inc.

2960 North Meridian Street, Indianapolis, IN 46208 USA
Telephone: +1.317.655.4500 or +1.800.628.4664 or Fax: +1.317.655.4505

Email: insurance@imglobal.com

www.imglobal.com

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TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 3, 2015

CAROLYN OSBORNE
2960 NORTH MERIDIAN STREET
INDIANAPOLIS, IN 46208

SUBJECT: INTERNATIONAL MEDICAL GROUP, INC.
Ref. Number: W15000058457

We have received your document for INTERNATIONAL MEDICAL GROUP, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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 60 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 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) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 015A00018644

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: International Medical Group, 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:

Carolyn Osborne

Name of Person

International Medical Group, Inc.

Firm/Company

2960 North Meridian Street

Address

Indianapolis, IN 46208

City/State and Zip code

carolyn.osborne@imglobal.com

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

For further information concerning this matter, please call:

Carolyn Osborne

317

655-4556

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration 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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TALLAHASSEE, FLORIDA

**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.*

International Medical Group, Inc.

1. _____
(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. _____ 3. _____
Indiana 35-1785962
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. _____ 5. _____
December 11, 1989
(Date of incorporation) (Date of duration, if other than perpetual)

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

7. _____
2960 North Meridian Street, Indianapolis, IN 46208
(Principal office address)
2960 North Meridian Street, Indianapolis, IN 46208
(Current mailing address, if different)

8. 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, Florida 33324
(City) (Zip code)

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9. 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)

Danny Verdecchia, Jr. Asst. Secretary

10. 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.

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

A. DIRECTORS

Chairman: John Watts, Jr.
2960 North Meridian Street
Address: Indianapolis, IN 46208

Vice Chairman:
Address:

Director: R. Brian Barwick
2960 North Meridian Street
Address: Indianapolis, IN 46208

Director: Todd A. Hancock
2960 North Meridian Street
Address: Indianapolis, IN 46208

B. OFFICERS

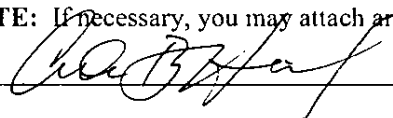
President: R. Brian Barwick
2960 North Meridian Street
Address: Indianapolis, IN 46208

Vice President: Theodore Brent Judge
2960 North Meridian Street
Address: Indianapolis, IN 46208

Secretary: Adam B. Hirschfeld
2960 North Meridian Street, Indianapolis, IN 46208
Address:

Treasurer: Kurt F. Kipfer
2960 North Meridian Street, Indianapolis, IN 46208
Address:

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

12. 
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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.

13. Adam B. Hirschfeld, Secretary
(Typed or printed name and capacity of person signing application)

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TALLAHASSEE, FLORIDA

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

To Whom These Presents Come, Greeting:

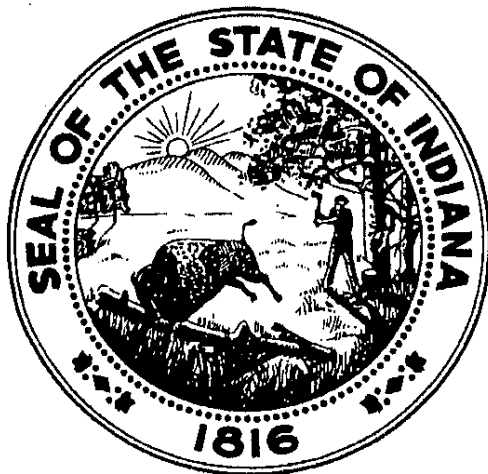
I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

INTERNATIONAL MEDICAL GROUP, INC.

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on December 11, 1989, and was in existence or authorized to transact business in the State of Indiana on September 14, 2015.

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 Fourteenth Day of September, 2015.

Connie Lawson

CONNIE LAWSON, Secretary of State

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