

F15000004842

(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:

NO directors WIS68685
called 10/15 emailing list

Office Use Only



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10/13/15--01014--009 **78.75

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TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 15, 2015

MELISSA MILLICAN
5814 REED ROAD
FORT WAYNE, IN 46835

SUBJECT: MEDPRO RISK RETENTION SERVICES, INC.
Ref. Number: W15000068685

We have received your document for MEDPRO RISK RETENTION SERVICES, INC. and your check(s) totaling \$78.75. However, the document has not been filed and is being retained in this office for the following:

You must list the names and street addresses of the officers and directors of the corporation on the form/application.

You may comply with this request via fax. Please fax correction(s) to the attention of the undersigned examiner at 850-245-6030.

Please return 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.

Stacey M Mason
Regulatory Specialist II

Letter Number: 115A00021911

COVER LETTER

TO: Registration Section
Division of Corporations
MedPro Risk Retention Services, Inc.

SUBJECT: _____
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:
Melissa Millican

_____	Name of Person
MedPro Risk Retention Services, Inc.	
_____	Firm/Company
5814 Reed Road	
_____	Address
Fort Wayne, IN 46835	
_____	City/State and Zip code
melissa.millican@medpro.com	

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

For further information concerning this matter, please call:

Melissa Millican	260	486-0838
_____	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:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input type="checkbox"/> \$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.*

MedPro Risk Retention Services, Inc.

1. _____
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
Indiana

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FBI number, if applicable)
09/18/2008

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

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

5814 Reed Road, Fort Wayne, IN 46835

7. _____
(Principal office address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: _____
CT Corporation Systems
1200 South Pine Island Road

Office Address: _____
Plantation _____ 33324
(City) _____, Florida _____
(Zip code)

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TALLAHASSEE, FLORIDA

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.

Michael Donow

(Registered agent's signature)

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: ✓ Timothy J. Kenesey

5814 Reed Road

Address: Fort Wayne, IN 46835

Vice Chairman: Daniel J. Landrigan

5814 Reed Road

Address: Fort Wayne, IN 46835

Director: Trent C. Heinemeyer

5814 Reed Road

Address: Fort Wayne, IN 46835

Director: Dr. Mario Catalano

11 Boulevard Avenue

Address: Catskill, NY 12414

B. OFFICERS

President: Timothy J. Kenesey

5814 Reed Road

Address: Fort Wayne, IN 46835

(and Secretary) Trent C. Heinemeyer

Vice President: 5814 Reed Road

Address: Fort Wayne, IN 46835

(Assistant Secretary) Angela Adams

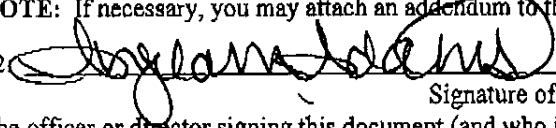
Secretary: 5814 Reed Road, Fort Wayne, IN 46835

Address: (and Vice President) Daniel Landrigan

Treasurer: 5814 Reed Road, Fort Wayne, IN 46835

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.

Angela Adams, Assistant Secretary

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

Attachment C

MedPro Risk Retention Services, Inc. Officers

Name	Title	Business Address
Timothy J. Kenesey	President and CEO	5814 Reed Road Fort Wayne, IN 46835
Dr. Graham Billingham	Chief Medical Officer	10556 Combie Road, PMB 6248 Auburn, CA 95602
Daniel Landrigan	Vice President and Treasurer	5814 Reed Road Fort Wayne, IN 46835
Trent C. Heinemeyer	Vice President and Secretary	5814 Reed Road Fort Wayne, IN 46835
Angela Adams	Assistant Secretary	5814 Reed Road Fort Wayne, IN 46835

MedPro Risk Retention Services, Inc. Directors

Name	Business Address
Timothy J. Kenesey	5814 Reed Road Fort Wayne, IN 46835
Daniel J. Landrigan	5814 Reed Road Fort Wayne, IN 46835
Trent C. Heinemeyer	5814 Reed Road Fort Wayne, IN 46835
Dr. Mario Catalano	11 Boulevard Ave. Catskill, NY 12414
Dr. Katie Baeeverstad	5814 Reed Road Fort Wayne, IN 46835
Dr. Graham Billingham	10556 Combie Road, PMB 6248 Auburn, CA 95602
Charles Lefevre	746 Alexander Road, Princeton, NJ 08543

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TALLAHASSEE, FLORIDA

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

To Whom These Presents Come, Greetings:

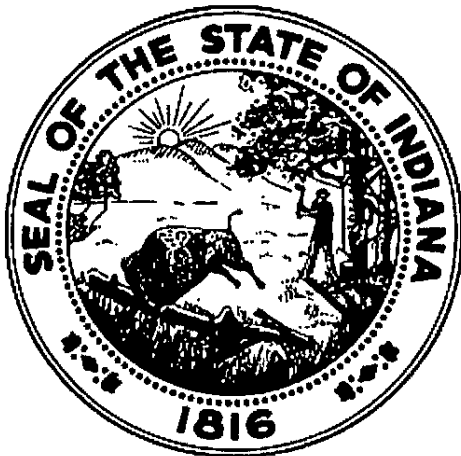
I, Connie Lawson, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

MEDPRO RISK RETENTION SERVICES, INC.

duly filed the requisite documents to commence business activities under the laws of State of Indiana on September 18, 2008, and was in existence or authorized to transact business in the State of Indiana on August 28, 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 Twenty-Eighth Day of August, 2015.

Connie Lawson

Connie Lawson, Secretary of State

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