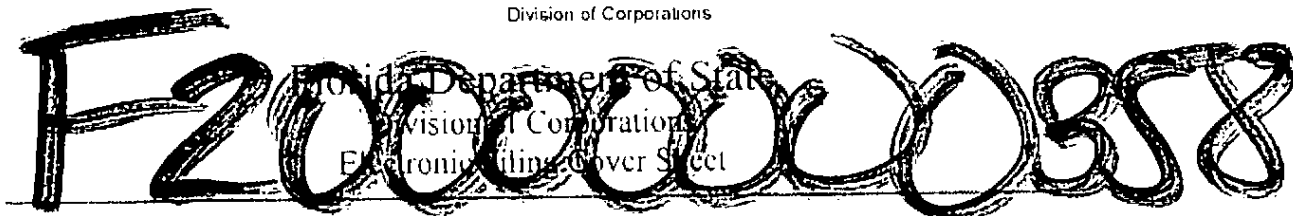


1/20/2020

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000021287 3)))



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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION
Doctors Reporting Service of Texas, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$78.75

[Electronic Filing Menu](#)[Corporate Filing Menu](#)[T HelpSE](#)

JAN 22 2020

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. Doctors Reporting Service of Texas, 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. Texas

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

3. 75-1256925

(FEI number, if applicable)

4. 01/12/1968

(Date of incorporation)

5. Perpetual

(Date of duration, if other than perpetual)

6. Upon Qualification

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

7. 800 East Campbell Rd, Suite 399, Richardson, TX 75081

(Principal office address)

SAME

(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)

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.

C T Corporation System

By: Michele Holden

Michele Holden, Asst. Sect.

(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.

2020 JAN 21 PM 4:14

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

A. DIRECTORS SEE ATTACHMENT

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS SEE ATTACHMENTPresident: Gerald A. O'ConnorAddress: 800 East Campbell Rd, Suite 399Richardson, TX 75081Vice President: Cheryl TateAddress: 800 East Campbell Rd, Suite 399Richardson, TX 75081Secretary: Linda O'ConnorAddress: 800 East Campbell Rd, Suite 399, Richardson, TX 75081Treasurer: Gerald A. O'ConnorAddress: 800 East Campbell Rd, Suite 399, Richardson, TX 75081

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. Gerald A. O'Connor, President

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

**Attachment to Florida
Officers & Directors**

- 1 Full Name: Christian O'Connor
Officer/Director: Officer, Director
Officer's Title: Vice President
Director's Title: Director
Business Address: 800 East Campbell Rd, Suite 399
City: Richardson
State: TX
ZIP Code: 75081
- 2 Full Name: Gerald A. O'Connor
Officer/Director: Officer, Director
Officer's Title: President, Treasurer
Director's Title: Director
Business Address: 800 East Campbell Rd, Suite 399
City: Richardson
State: TX
ZIP Code: 75081
- 3 Full Name: Linda O'Connor
Officer/Director: Officer, Director
Officer's Title: Secretary
Director's Title: Director
Business Address: 800 East Campbell Rd, Suite 399
City: Richardson
State: TX
ZIP Code: 75081
- 4 Full Name: Cheryl Tate
Officer/Director: Officer, Director
Officer's Title: Vice President
Director's Title: Director
Business Address: 800 East Campbell Rd, Suite 399
City: Richardson
State: TX
ZIP Code: 75081

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Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697



Ruth R. Hughs
Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Legacy Filing for DOCTORS REPORTING SERVICE OF TEXAS, INC. (file number 24282800), a Domestic For-Profit Corporation, was filed in this office on January 12, 1968.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on December 23, 2019.

2021 Feb 4:14



A handwritten signature in black ink, appearing to read "Ruth R. Hughs".

Ruth R. Hughs
Secretary of State