

F22000007601

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

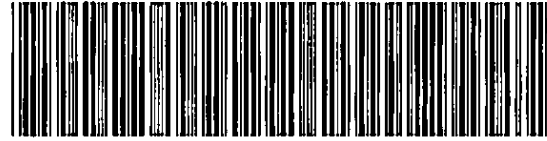
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800397483088

12/05/22--01027--001 \*\*PUL

2022 10 14 3:00

S. FRANKLIN  
DEC 14 2022

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MEDICAL OFFICE 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:

KRISTINA M LOWRY

Name of Person

MEDICAL OFFICE SERVICES, INC.

Firm/Company

1428 SW 27TH TERRACE

Address

CAPE CORAL, FL 33914

City/State and Zip code

KRISTI@MOSNETWORK.COM

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

For further information concerning this matter, please call:

KRISTINA M LOWRY

at (901) 380-1428

Name of Person

Area Code

Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- ☒ \$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

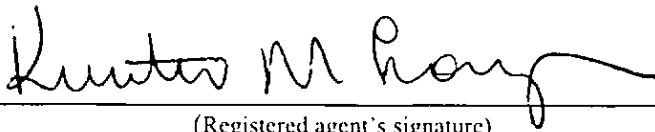
**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

*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. MEDICAL OFFICE 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. TENNESSEE 3. 62-1478190  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 08/30/1991 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)
6. 12/1/2022  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 1428 SW 27TH TERRACE, CAPE CORAL, FL 33914  
(Principal office street address)
- SAME  
(Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: KRISTINA M LOWRY
- Office Address: 1428 SW 27TH TERRACE  
CAPE CORAL, Florida 33914  
(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.*



(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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

**A. DIRECTORS**

☐ Chairman Name: KRISTINA M LOWRY  
☐ Vice Chairman Address: 1428 SW 27TH TERRACE  
☐ Director CAPE CORAL  
☒ President FL  
☐ Vice President 33914  
☐ Secretary ☐ Treasurer  
☐ Other                      ☐ Other                     

☐ Chairman Name:                       
☐ Vice Chairman Address:                       
☐ Director                       
☐ President                       
☐ Vice President                       
☐ Secretary ☐ Treasurer  
☐ Other                      ☐ Other                     

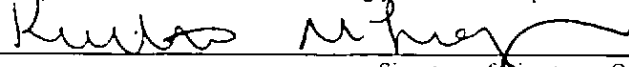
☐ Chairman Name:                       
☐ Vice Chairman Address:                       
☐ Director                       
☐ President                       
☐ Vice President                       
☐ Secretary ☐ Treasurer  
☐ Other                      ☐ Other                     

☐ Chairman Name:                       
☐ Vice Chairman Address:                       
☐ Director                       
☐ President                       
☐ Vice President                       
☐ Secretary ☐ Treasurer  
☐ Other                      ☐ Other                     

☐ Chairman Name:                       
☐ Vice Chairman Address:                       
☐ Director                       
☐ President                       
☐ Vice President                       
☐ Secretary ☐ Treasurer  
☐ Other                      ☐ Other                     

☐ Chairman Name:                       
☐ Vice Chairman Address:                       
☐ Director                       
☐ President                       
☐ Vice President                       
☐ Secretary ☐ Treasurer  
☐ Other                      ☐ Other                     

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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. KRISTINA M LOWRY, PRESIDENT  
(Typed or printed name and capacity of person signing application)



**Tre Hargett**  
Secretary of State

**Division of Business Services**  
**Department of State**

State of Tennessee  
312 Rosa L. Parks AVE. 6th FL  
Nashville, TN 37243-1102

**KRISTINA LOWRY**  
DONALD LOWRY  
1428 SW 27TH TER  
CAPE CORAL, FL 33914

December 2, 2022

**Request Type: Certificate of Existence/Authorization**  
Request #: 0505915

Issuance Date: 12/02/2022  
Copies Requested: 1

**Document Receipt**

Receipt #: 007626608

Filing Fee: \$20.00

Payment-Credit Card - State Payment Center - CC #: 3841026388

\$20.00

**Regarding: MEDICAL OFFICE SERVICES, INC.**

Filing Type: For-profit Corporation - Domestic

Control #: 244473

Formation/Qualification Date: 08/30/1991

Date Formed: 08/30/1991

Status: Active

Formation Locale: TENNESSEE

Duration Term: Perpetual

Inactive Date:

Business County: SHELBY COUNTY

**CERTIFICATE OF EXISTENCE**

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective, as of the issuance date noted above

**MEDICAL OFFICE SERVICES, INC.**

\* is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above;

\* has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;

\* has filed the most recent annual report required with this office;

\* has appointed a registered agent and registered office in this State;

\* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

*Tre Hargett*  
Tre Hargett  
Secretary of State

Processed By: Cert Web User

Verification #: 057563122