

F96000003834

TRANSMITTAL LETTER

TO: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: CORRESPONDENCE COPY SERVICE, 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", 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:

MARK DEFOOR

(Name of Person)

CORRESPONDENCE COPY SERVICE, INC.
(Firm/Company)

958 MCEVER RD EXT, SUITE B-4

(Address)

GAINESVILLE, GA 30504

(City/State/Zip)

100001787451
-04/19/96--01071--002
*****70.00 *****70.00

Should you need to call someone concerning this matter, please call:

MARK DEFOOR

(Name of Person)

at (770) 532-7153

(Area Code & Daytime Telephone Number)

COURIER ADDRESS:

Qualification/Tax Lien Sec.
Division of Corporations
409 E. Gaines St
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Name conflict
F07173

7/30
95 JUL 30 AM 8:01
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

W96-8620



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthum
Secretary of State

April 22, 1996

MARK DEFOOR
CORRESPONDENCE COPY SERVICE, INC.
958 MCEVER RD EXT, SUITE B-4
GAINESVILLE, GA 30504

SUBJECT: CORRESPONDENCE COPY SERVICE, INC.
Ref. Number: W96000008620

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DIVISION OF CORPORATIONS
95 JUN 30 AM 8:01

We have received your document for **CORRESPONDENCE COPY SERVICE, INC.** and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

The entity name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved entity. Names of administratively dissolved entities are not available for one year from the date of administrative dissolution unless the dissolved entity provides the Department of State with a notarized affidavit executed as required by section 607.0120, 617.01201, 608.5135 or 608.4482 Florida Statutes, permitting the immediate assumption or use of the name by another entity.

Simply adding "of Florida" or "Florida" to the end of a name does not constitute a difference.

When the document is resubmitted, please return a copy of this letter to ensure proper handling.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

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 (904) 487-6095.

Jennifer Sindt
Document Examiner

Letter Number: 496A00018833

July 24, 1996

CCS, inc.
CORRESPONDENCE
COPY SERVICE, INC.

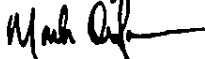
Qualification/Tax Lien Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

As a duly authorized officer of Correspondence Copy Service, Inc., whose main office is located in the State of Georgia, I wish to adopt a resolution specifying that I fully and completely understand that the name "Correspondence Copy Service, Inc." is unavailable in the State of Florida and therefore wish to use the name of "Correspondence Copy Service, Inc. of Georgia" on our certificate of registration.

Should you have any questions regarding this matter, please do not hesitate to contact me.

Sincerely,



Mark DeFoor
President/CEO

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DIVISION OF CORPORATIONS
96 JUL 30 AM 8:01

**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. Correspondence Copy Service, Inc.
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. Georgia
(State or country under the law of which it is incorporated)
3. 58-2163453
(FBI number, if applicable)
4. March 17, 1986
(Date of Incorporation)
5. Perpetual
(Duration: Year corp. will cease to exist or "perpetual")
6. Feb. 10, 1976
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.))
7. 958 McEver Rd. Ext., Suite B4
P.O. Box 1749, Gainesville, Ga. 30503-1749
(Current mailing address)
8. Medical Records Photocopying
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. **Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)**

Name: Roni Robinson

Office Address: Attn: Medical Records, 400 N. Clyde Morris Blvd.

Daytona Beach, Florida, 32120
(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.

Roni L. Robinson
(Registered agent's signature)

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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DIVISION OF CORPORATIONS
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12. Names and addresses of officers and/or directors: (Street address **ONLY**- P. O. Box **NOT** acceptable)

A. DIRECTORS (Street address only- P. O. Box **NOT** acceptable)

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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DIVISION OF CORPORATIONS
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B. OFFICERS (Street address only- P. O. Box **NOT** acceptable)

President: Mark DeFoor

Address: 95B McEver Rd. Ext., Suite B4
Gainesville, Ga. 30504

Vice President: Ginger Pope, RRA

Address: 95B McEver Rd. Ext., Suite B4
Gainesville, Ga. 30504

Secretary: Ellen DeFoor

Address: 95B McEver Rd. Ext., Suite B4
Gainesville, Ga. 30504

Treasurer: N/A

Address: _____

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

13. Mark DeFoor
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Mark DeFoor, President/CEO
(Typed or printed name and capacity of person signing application)

Secretary of State
Business Information and Services
Suite 315, West Tower
2 Martin Luther King Jr. Dr.
Atlanta, Georgia 30334-1530

DOCKET NUMBER : 960750477
CONTROL NUMBER : 8604157
DATE INC/AUTH/FILED : 03/17/1986
JURISDICTION : GEORGIA
PRINT DATE : 03/15/1996
FORM NUMBER : 211

MARK DEFOOR
980 HOLY DRIVE
GAINESVILLE GA 30501

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DIVISION OF CORPORATIONS
95 JUL 30 AM 8:01

CERTIFICATE OF EXISTENCE

I, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

CORRESPONDENCE COPY SERVICE, INC.
A DOMESTIC PROFIT CORPORATION

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation, or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up, or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Lewis A. Massey
LEWIS A. MASSEY
SECRETARY OF STATE

