

Document Number Only  
**F980000005581**

C T CORPORATION SYSTEM

660 East Jefferson Street

Requestor's Name

Tallahassee, Florida 32301

Address

(850) 222-1092

City

State

Zip

Phone

400002656774--9

-10/06/98--01047--013

\*\*\*\*\*70.00 \*\*\*\*\*70.00

CORPORATION(S) NAME

*Jacobson M.S.D., Inc*

98 OCT - 6 PM 2:00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

☒ Profit

☐ NonProfit

☐ Limited Liability Company

☒ Foreign

☐ Amendment

☐ Merger

☐ Dissolution/Withdrawal

☐ Mark

☐ Limited Partnership

☐ Annual Report

☐ Other

☐ Reinstatement

☐ Fict. Filing

☐ Change of R.A.

☐ Limited Liability Partnership

☐ UCC-1 UCC-3

☐ Certified Copy

☐ Photo Copies

☐ CUS

☐ Call When Ready

☐ Call if Problem

☐ After 4:30

☒ Walk In

☐ Will Wait

☒ Pick Up

☐ Mail Out

*mtu*  
*10/6*

Name  
Availability

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W.P. Verifier

OCT - 6 1998

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Thanks, Melanie

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98 OCT - 6 PM 12:22  
DIVISION OF CORPORATION

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION 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. Jacobson M.S.O., 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. Delaware 3. 74-2750700  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 2/11/97 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. Upon qualification  
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, and 817.155, F.S.)
7. 8038 Wurzbach Road, Suite 360, San Antonio, TX 78229  
(Current mailing address)
8. To engage in any lawful act or activity for which corporations may be organized under the laws of the State of Florida  
(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: C T CORPORATION SYSTEM
- Office Address: 1200 South Pine Island Road  
Plantation, Florida, 33324  
(Zip code)

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DIVISION OF CORPORATIONS  
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**10. Registered agent 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 obligation of my position as registered agent.*

C T CORPORATION SYSTEM  
(Registered agent's signature)

Connie Bryan  
**CONNIE BRYAN**  
**SPECIAL ASSISTANT SECRETARY**

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.

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: N/A

Address: \_\_\_\_\_

Vice Chairman: N/A

Address: \_\_\_\_\_

Director: Norman L. Jacobson, M.D.

Address: 8038 Wurzbach Road, Suite 360

San Antonio, TX 78229

Director: N/A

Address: \_\_\_\_\_

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

President: Norman L. Jacobson, M.D.

Address: 8038 Wurzbach Road, Suite 360

San Antonio, TX 78229

Vice President: N/A

Address: \_\_\_\_\_

Secretary: Norman L. Jacobson, M.D.

Address: 8038 Wurzbach Road, Suite 360

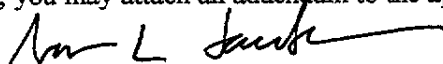
San Antonio, TX 78229

Treasurer: Norman L. Jacobson, M.D.

Address: 8038 Wurzbach Road, Suite 360

San Antonio, TX 78229

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

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

14. Norman L. Jacobson, M.D., President  
(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
98 OCT -6 PM 2:00

*State of Delaware*  
*Office of the Secretary of State*

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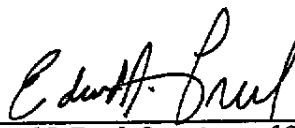
I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "JACOBSON M.S.O., INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FOURTH DAY OF SEPTEMBER, A.D. 1998.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
98 OCT -6 PM 2:00



  
Edward J. Freel, Secretary of State

2716804 8300

981371340

AUTHENTICATION:

9320698

DATE:

09-24-98