

F99000002873

Florida Department of State
Division of Corporations
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Katherine Harris, Secretary of State

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(((H99000013453 8)))

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To:

Division of Corporations
Fax Number : (850) 922-4003

From:

Account Name : WICKMAN & WYCKOFF, P.A.
Account Number : I19980000073
Phone : (941) 795-6565
Fax Number : (941) 795-5774

FOREIGN PROFIT QUALIFICATION

Physicians Medical Clinic, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 JUN -4 AM 8:21

Fax Audit #: H99000013453 8

**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. Physicians Medical Clinic, 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. Tennessee 3. 62-1323042
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. June 22, 1987 5. Perpetual
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. June 15, 1999
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.))
7. 6504 36th Ave. Dr. W.
Bradenton, FL 34209
(Current mailing address)
8. Medical Services
(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: Melissa E. Watkins
Office Address: 6921 34th Ave. W.
Bradenton, Florida 34209
(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.

Melissa E. Watkins
(Registered agent's signature)

Prepared By:
John E. Wickman, Esq.
Wickman & Wyckoff, P.A.
4909 Manatee Avenue West
Bradenton, FL 34209
(941) 795-6565
Florida Bar No. 0046884

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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: _____

Address: _____

Vice Chairman: _____

Address: _____
_____Director: Louise S. WatkinsAddress: 6504 36th Ave. Dr. W.Bradenton, FL 34209**B. OFFICERS (Street address only - P.O. Box NOT acceptable)**President: Louise S. WatkinsAddress: 6504 36th Ave. Dr. W.Bradenton, FL 34209Vice President: Melissa E. WatkinsAddress: 6921 34th Ave. W.Bradenton, FL 34209Secretary: Louise S. WatkinsAddress: 6504 36th Ave. Dr. W.Bradenton, FL 34209Treasurer: Louise S. WatkinsAddress: 6504 36th Ave. Dr. W.Bradenton, FL 34209

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

13.

Melissa E. Watkins

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

14.

Melissa E. Watkins, Vice President

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 JUN -4 PM 1:32

**Secretary of State
Corporations Section****James K. Polk Building, Suite 1800
Nashville, Tennessee 37243-0306**ISSUANCE DATE: 05/21/1999
REQUEST NUMBER: 991411012
TELEPHONE CONTACT: (615) 741-6488Fax Audit No.
H99000013453 8CHARTER/QUALIFICATION DATE: 06/22/1987
STATUS: ACTIVE
CORPORATE EXPIRATION DATE: PERPETUAL
CONTROL NUMBER: 0190511
JURISDICTION: TENNESSEETO:
SEARCH IS ON
PO BOX 120598

NASHVILLE, TN 37212

REQUESTED BY:
SEARCH IS ON
PO BOX 120598

NASHVILLE, TN 37212

CERTIFICATE OF EXISTENCE

I, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT

"PHYSICIANS MEDICAL CLINIC, INC."

IS A CORPORATION DULY INCORPORATED UNDER THE LAW OF THIS STATE WITH DATE OF
INCORPORATION AND DURATION AS GIVEN ABOVE;
THAT ALL FEES, TAXES, AND PENALTIES OWED TO THIS STATE WHICH AFFECT THE
EXISTENCE OF THE CORPORATION HAVE BEEN PAID;
THAT THE MOST RECENT CORPORATION ANNUAL REPORT REQUIRED HAS BEEN FILED
WITH THIS OFFICE; AND
THAT ARTICLES OF DISSOLUTION HAVE NOT BEEN FILED; AND
THAT ARTICLES OF TERMINATION OF CORPORATE EXISTENCE HAVE NOT BEEN FILEDFILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 JUN -4 PM 1:32

FOR: REQUEST FOR CERTIFICATE

ON DATE: 05/21/99

FROM:
TSIO (BOX 120598)
P. O. BOX 120598

NASHVILLE, TN 37212-0000

RECEIVED: FEES \$260.00 \$0.00

TOTAL PAYMENT RECEIVED: \$260.00

RECEIPT NUMBER: 00002500164
ACCOUNT NUMBER: 00000499*Riley C Darnell*RILEY C. DARNELL
SECRETARY OF STATE

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