

F990000004893

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: Medicorp Center USA, 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:

Paul Lev-Ary

(Name of Person)

600002941196--8

-07/26/99--01101--011

*****87.50 *****87.50

E. Paul Lev-Ary & Associates

(Firm/Company)

W99-17487

2291 Arapahoe

(Address)

600002941196--8

-09/21/99--01035--001

***2300.00 ***2300.00

Boulder, CO 80302

(City/State/Zip)

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

Debbie Filson

(Name of Person)

at (303

) 440-4275

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Qualification/Tax Lien Section
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

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RECEIVED
DIVISION OF CORPORATIONS
SEP 23 1999

mtm
9/23

Enclosed is a check for the following amount:

- ☐ \$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



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

July 28, 1999

PAUL LEV-ARY
E. PAUL LEV-ARY & ASSOCIATES
2291 ARAPAHOE
BOULDER, CO 80302

SUBJECT: MEDICORP CENTER USA, INC
Ref. Number: W99000017487

We have received your document for MEDICORP CENTER USA, INC and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:

A photocopy of the certificate of existence is not acceptable.

Pursuant to section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report and penalty fees is \$2300.00.

Enclosed please find a copy of section 607.1501 or 617.1501, Florida Statutes, which lists those activities that do not constitute transacting business in this state. If after reviewing this section you determine erroneous information was inserted on the application, a notarized affidavit containing the following information must be submitted: 1.) a statement indicating erroneous information was listed on the application; and 2.) the correct date the corporation began transacting business in Florida prior to the year the application was submitted did not constitute transacting business pursuant to section 607.1501 or 617.1501, Florida Statutes.

If you have any questions concerning the filing of your document, please call (850) 487-6097.

Michael Mays
Document Specialist

Letter Number: 099A00038521

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. Medicorp Center USA, 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. Colorado

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

3. 84-1066798

(FEI number, if applicable)

4. 3/18/87

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. 9/1/97

(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 2291 Arapahoe

Boulder, CO 80302

(Current mailing address)

8. Provide emergency room physicians to hospitals

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)

Name: William Lenard

Office Address: 4629 Pamela Dr.

Yankey Town

, Florida, 34498

(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.


(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.

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: Bodo Schneider

Address: 1 Grant Place

Mt. Vernon, IL 62864

Vice Chairman: _____

Address: _____

Director: Tammy Schneider

Address: 1 Grant Place

Mt. Vernon, IL 62864

Director: Richard Hamilton

Address: 1300 Cherryville

Littleton, CO 80120

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

President: Bodo Schneider

Address: 1 Grant Place

Mt. Vernon, IL 62864

Vice President: _____

Address: _____

Secretary: Tammy Schneider

Address: 1 Grant Place

Mt. Vernon, IL 62864

Treasurer: _____

Address: _____

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. _____

Bo Schneider M.D.

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

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MOUNT VERNON, IL



STATE OF COLORADO

DEPARTMENT OF
STATE

CERTIFICATE

I, VICTORIA BUCKLEY, SECRETARY OF STATE OF THE STATE OF
COLORADO HEREBY CERTIFY THAT

ACCORDING TO THE RECORDS OF THIS OFFICE

MEDICORP CENTER USA, INC.
(COLORADO CORPORATION)

FILE # 19871716191 WAS FILED IN THIS OFFICE ON March 18, 1987
AND HAS COMPLIED WITH THE APPLICABLE PROVISIONS OF THE
LAWS OF THE STATE OF COLORADO AND ON THIS DATE IS IN GOOD
STANDING AND AUTHORIZED AND COMPETENT TO TRANSACT BUSINESS
OR TO CONDUCT ITS AFFAIRS WITHIN THIS STATE.

Dated: June 08, 1999

Victoria Buckley

SECRETARY OF STATE

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