

F04000006460

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

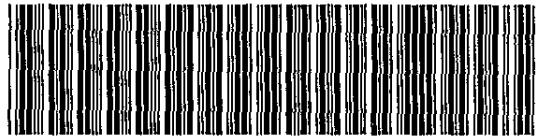
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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

W04-40110  
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J. BRYAN NOV 15 2004

BLUMENFELD

KAPLAN &

SANDWEISS

P.C.

ATTORNEYS AT LAW

168 NORTH MERAMEC AVENUE  
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3201 S. PROVIDENCE • SUITE 101  
COLUMBIA, MO 65205-4000  
TELEPHONE (573) 234-0800

October 26, 2004

Florida Secretary of State  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Re: **Application by Foreign Corporation**

Dear Sir/Madam:

I am enclosing the Application by Foreign Corporation for Authorization to Transact Business in Florida on behalf of MediCredit, Inc. doing business as MCC Collections. I have also enclosed a check, in the amount of \$87.50, representing the filing fee and Certificate of Status and Certified Copy fee. Please return the certified copies to my attention. I have provided a self-addressed return envelope for your convenience.

Please let me know if you have any questions or need additional information regarding the attached.

Sincerely,



Harlon D. Keel  
Paralegal

/hk  
Enclosures

cc: Bennett S. Keller, Esq.  
Amy R. Smith, Controller

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2004 NOV 12 PM 12:25  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA  
WWW.BKS-LAW.COM

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MediCredit, 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:

Harlon D. Keel, Paralegal

(Name of Person)

Blumenfeld, Kaplan & Sandweiss, P.C.

(Firm/Company)

168 North Meramec, Suite 400

(Address)

St. Louis, Missouri 63105

(City/State and Zip code)

For further information concerning this matter, please call:

Harlon D. Keel

(Name of Person)

at (314 ) 863-0800

(Area Code & Daytime Telephone Number)

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

**MAILING ADDRESS:**

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

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

Glenda E. Hood  
Secretary of State

November 2, 2004

HARLON D. KEEL, PARALEGAL  
BLUMENFELD KAPLAN & SANDWEISS P.C.  
168 NORTH MERAMEC AVENUE, SUITE 400  
ST. LOUIS, MO 63105

SUBJECT: MEDICREDIT, INC.  
Ref. Number: W04000040110

FILED  
2004 NOV 12 PM 12:25  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

We have received your document for MEDICREDIT, 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 certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan  
Document Specialist

Letter Number: 604A00062803

**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. MediCredit, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

MCC Collections, INC.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Missouri

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

3. 43-1123539

(FEI number, if applicable)

4. October 5, 1977

(Date of incorporation)

5. Perpetual

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

6. Upon Registration

(Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 3620 I-70 Drive, SE, Suite C, Columbia, Missouri 65201

(Principal office address)

P.O. Box 7206, Columbia, Missouri 65205

(Current mailing address)

8. Collection Agency

(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 NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation

(City)

, Florida 33324

(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.*

C T Corporation System

By: 

(Registered agent's signature)

**J.L. Miles-Asst. Secy.**

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 business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: \_\_\_\_\_

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

Vice Chairman: \_\_\_\_\_

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

Director: George H. Ousley, Jr.

Address: P.O. Box 7206

Columbia, Missouri 65205

Director: \_\_\_\_\_

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

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2004 NOV 12 PM 12:26  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**B. OFFICERS**

President: George H. Ousley, Jr. (and Chief Executive Officer)

Address: P.O. Box 7206

Columbia, Missouri 65205

Vice President: \_\_\_\_\_

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

Secretary: George H. Ousley, Jr.

Address: P.O. Box 7206, Columbia, Missouri 65205

Treasurer: \_\_\_\_\_

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

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

13. \_\_\_\_\_

(Signature of Director or Officer listed in number 12 of the application)

14. George H. Ousley, Jr., Chief Executive Officer and President

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

# STATE OF MISSOURI



Matt Blunt  
Secretary of State

CORPORATION DIVISION  
CERTIFICATE OF GOOD STANDING

I, MATT BLUNT, Secretary of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

MEDICREDIT, INC.  
00195132

was created under the laws of this State on the 5th day of October, 1977, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I have set my hand and imprinted the GREAT SEAL of the State of Missouri, on this, the 8th day of November, 2004

*Matt Blunt*

Secretary of State

