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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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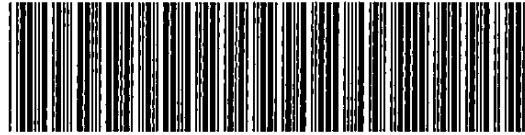
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** America's Health Management Services, 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:

Karren Wilson, Esq.,  
(Name of Person)

America's Health Management Services, Inc.  
(Firm/Company)

5600 Mariner Street, Suite 216  
(Address)

Tampa, Florida 33609  
(City/State and Zip code)

For further information concerning this matter, please call:

Wilson, Karren at ( 813 ) 594-1026  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

New Filing 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  
Division of Corporations

May 22, 2007

KARREN WILSON, ESQ.  
5600 MARINER STREET, SUITE 216  
TAMPA, FL 33609

SUBJECT: AMERICA'S HEALTH MANAGEMENT SERVICES, INC.  
Ref. Number: W07000024502

We have received your document for AMERICA'S HEALTH MANAGEMENT SERVICES, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete 12-14 of the document.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

Please return the original and one copy of 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 (850) 245-6962.

Valerie Herring  
Document Specialist  
New Filing Section

Letter Number: 807A00035614

**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. America's Health Management Services, Inc.,  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

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

2. Delaware, U.S. 3. 20-5535116  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 08/16/2006 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 01/01/2007  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S. to determine penalty liability)

7. 5600 Mariner Street, Suite 216. Tampa, Florida 33609  
(Principal office address)

5600 Mariner Street, Suite 216. Tampa, Florida 33609  
(Current mailing address)

8. Business Management and General Administrative Activities  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

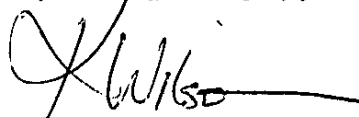
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Wilson, Karren, Esq.

Office Address: 5600 Mariner Street, Suite 216  
Tampa, Florida 33609  
(City) (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.

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TALLAHASSEE, FLORIDA

12. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: Shilen Patel

Address: 5600 Mariner Street, Suite 216. Tampa, Florida 33609

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

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

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

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

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

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

**B. OFFICERS**

President: Shilen Patel

Address: 5600 Mariner Street, Suite 216. Tampa, Florida 33609

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

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

Secretary: \_\_\_\_\_

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

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

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

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

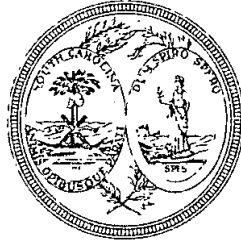
13. \_\_\_\_\_

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

14. Shilen Patel, President

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

# The State of South Carolina



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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Office of Secretary of State Mark Hammond*

## Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

AMERICA'S HEALTH MANAGEMENT SERVICES, INC.,  
a corporation duly organized under the laws of the State of South Carolina on April 17th, 2007, and having a perpetual duration unless otherwise indicated below, has as of the date hereof filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the Corporation that it is subject to being dissolved by administrative action pursuant to section 33-14-210 of the South Carolina Code, and that the corporation has not filed articles of dissolution as of the date hereof.

Given under my Hand and the Great  
Seal of the State of South Carolina this  
17th day of April, 2007.

  
Mark Hammond, Secretary of State

Note: This certificate does not contain any representation concerning fees or taxes owed by the Corporation to the South Carolina Tax Commission or whether the Corporation has filed the annual reports with the Tax Commission. If it is important to know whether the Corporation has paid all taxes due to the State of South Carolina, and has filed the annual reports, a certificate of compliance must be obtained from the Tax Commission.