

F09000001413

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

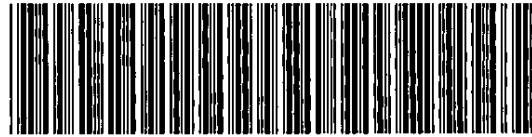
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DIVISION OF CORPORATIONS  
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April 25<sup>th</sup>, 2017



**DELIVERED BY FEDEX**

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida  
32314

REC'D  
MAY - 4 AM 9:59  
FL. DIV. OF STATE  
SECRETARY OF CORPORATION  
DIVISION OF CORPORATIONS

**Re: Healthcare Concierge Services, Inc.  
Corporation Reinstatement Form**

Pursuant to the revocation of the certificate of authority to do business in the state of Florida for the entity Healthcare Concierge Services, Inc., please find enclosed appropriate documents for reinstatement of the corporation (Reinstatement form and change of name Resolution) along with the required fees:

Reinstatement Fee	\$600
2015 Annual Report Fee	150
2016 Annual Report Fee	150
2017 Annual Report Fee	150
Adoption of Alternate Name Fee	35
<b>Total</b>	<b>\$1,085</b>

Please confirm the reinstatement back to the undersigned.

Hoping this meets with your satisfaction,

Mireille Dionne, LL.B.  
Global Excel Management Inc.  
73 Queen Street,  
Sherbrooke, Quebec  
J1M 0C9  
[mireille.dionne@globalexcel.com](mailto:mireille.dionne@globalexcel.com)  
819-566-2901 ext. 2521



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FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**RESOLUTION OF THE BOARD OF DIRECTORS TO ADOPT AN  
ALTERNATE NAME FOR USE IN FLORIDA**

(Pursuant to section 607.1506 or 617.1506, F.S.)

(Please print or type)

I, the undersigned Alex Sanchez, do hereby certify  
(Name)

that this Resolution of the Board of Directors of HEALTHCARE CONCIERGE SERVICES,  
INC.  
(Name of Corporation)

a corporation duly organized and existing under the laws of DELAWARE,  
(State or Country)

was adopted on April 10th 2017, adopting the alternate  
name of HEALTHCARE CONCIERGE SERVICES STANDBYMD, INC.  
(Alternate Name) NOTE: Must contain a corporate suffix)

for use in Florida as its real name is unavailable in Florida.

Date: April 10th 2017

[Signature]  
Signature of Chairman, Vice Chairman of the Board, a  
director or any officer

General Manager  
Title of person signing

**FILING FEE \$35**

**(No fee required if submitted with a foreign not for profit qualification or amendment)**

Make checks payable to Florida Department of State and mail to:

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