

F110000004067

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

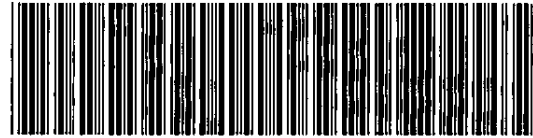
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800185659708

09/27/10--01014--012 **70.00

09/12/11--01006--009 **1250.00

FILED
11 SEP 12 PM 3:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11/10 11/10 11/10 11/10



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 4, 2010

JUDY HERRON
207 E. MAIN STREET, SUITE 1E
JOHNSON CITY, TN 37604

SUBJECT: SHARED HEALTH SERVICES, INC.
Ref. Number: W10000046208

We have received your document for SHARED HEALTH SERVICES, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The entity's date of incorporation/organization must be listed in the document.

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$1,250.00.

Please return the corrected 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) 245-6921.

Maryanne Dickey
Regulatory Specialist II Supervisor
New Filing Section

Letter Number: 210A00023418

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Shared Health 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:

Judy Herron

(Name of Person)

Shared Health Services, Inc.

(Firm/Company)

207 E. Main Street, Suite 1E

(Address)

Johnson City, TN 37604

(City/State and Zip code)

For further information concerning this matter, please call:

Judy Herron

(Name of Person)

at (423) 929-2808

(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

**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. Shared Health 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. Tennessee

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

3. 62-1586997

(FEI number, if applicable)

4. 9/20/1994

(Date of incorporation)

5. Perpetual

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

6. August 2005

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

7. 207 E. Main Street, Suite 1E Johnson City, TN 37604

(Principal office address)

207 E. Main Street, Suite 1E Johnson City, TN 37604

(Current mailing address)

8. Provide health care services

(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: Robin Burkett

Office Address: 3290 Waterman Way

Tavares

(City)

Florida 32778

(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.

Robin S. Burkett

(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 business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

FILED
11 SEP 12 PM 3:48
SECRETARY OF STATE
TAMPA, FLORIDA

B. OFFICERS

President: David Davis

Address: 207 E. Main Street, Suite 1E

Johnson City, TN 37604

Vice President: _____

Address: _____

Secretary: Joyce Davis

Address: 207 E. Main Street, Suite 1E Johnson City, TN 37604

Treasurer: _____

Address: _____

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

✓ 13. Joyce Davis
(Signature of Director or Officer listed in number 12 of the application)

14. Joyce Davis - Secretary
(Typed or printed name and capacity of person signing application)



STATE OF TENNESSEE
Tre Hargett, Secretary of State
Division of Business Services
312 Rosa L. Parks Avenue
6th Floor, William R. Snodgrass Tower
Nashville, TN 37243

SHARED HEALTH SERVICES, INC.
207 E. MAIN STREET
SUITE 1E
Johnson City, TN 37604

Request Type: Certificate of Existence/Authorization
Request #: 0018504

Issuance Date: 08/03/2010
Copies Requested: 1

August 3, 2010
FILED
1 SEP 12 PM 3:48
SECRETARY OF STATE
NASHVILLE, TENNESSEE

Document Receipt

Receipt #: 229035 Filing Fee: \$20.00
Payment-Check/MO - SHARED HEALTH SERVICES, INC., Johnson City, TN \$20.00

Regarding: SHARED HEALTH SERVICES, INC.

Filing Type: Corporation For-Profit - Domestic

Charter/Qualification Date: 09/20/1994

Status: Active

Duration Term: Perpetual

Control #: 284060

Date Formed: 09/20/1994

Formation Locale: Washington
County

Inactive Date:

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

SHARED HEALTH SERVICES, INC.

- * is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above;
- * has paid all fees, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
- * has not filed the most recent annual report required with this office;
- * has appointed a registered agent and registered office in this State;
- * has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett, Secretary of State
Business Services Division

Processed By: Sheila Keeling