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TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: LACUNA HEALTH CARE, INCORPORATED
(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:

THOMAS A. PARNHAM, SR

(Name of Person)

LACUNA HEALTH CARE, INC.

(Firm/Company)

P.O. BOX 3762

(Address)

RESTON, VA. 20195-1062

(City/State/Zip)

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

THOMAS A. PARNHAM, Sr. at (800) 258-7315

(Name of Person)

(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

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

FILED
00 SEP -5 PM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9/7

**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. LACUNA HEALTH CARE, INCORPORATED
(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. VIRGINIA 3. 54-1629848
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. JULY 4, 1992 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. OCTOBER 1, 2000
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. P.O. Box 3762 RESTON, VA. 20195-1062
11250 ROGER BACON DR. Bldg. #15, Suite 204 RESTON, VA. 20191
(Current mailing address)
8. HEALTH CARE AND BUSINESS MANAGEMENT / CONSULTANT
(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: S. Jennifer Felber
Office Address: 2015 Discovery Circle EAST
Deerfield Beach, Florida, 33442
(Zip code)

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00 SEP -5 PM 9:00
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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.

S. Jennifer Felber
(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: THOMAS A. PARNHAM, SR.

Address: 10739 Midsummer Drive, RESTON, VA. 20191-5101

Vice Chairman: _____

Address: _____

Director: THOMAS A. PARNHAM, SR.

Address: 10739 Midsummer Drive
RESTON, VA. 20191-5101

Director: WENDY B. PARNHAM

Address: 10739 Midsummer Drive
RESTON, VA. 20191-5101

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

President: THOMAS A. PARNHAM, SR.

Address: 10739 Midsummer Dr.
RESTON, VA. 20191-5101

Vice President: _____

Address: _____

Secretary: WENDY B. PARNHAM

Address: 10739 Midsummer Dr.
RESTON, VA. 20191-5101

Treasurer: WENDY B. PARNHAM

Address: 10739 Midsummer Dr.
RESTON, VA. 20191-5101

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

13. Thomas A. Parnham, Sr.

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. THOMAS A. PARNHAM, SR. PRESIDENT AND CEO

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

Commonwealth of Virginia



State Corporation Commission

I Certify the Following from the Records of the Commission:

LACUNA HEALTH CARE, INC. is a corporation existing under and by virtue of the laws of Virginia, and is in good standing.

The date of incorporation is July 14, 1992.

Nothing more is hereby certified.

FILED
00 SEP -5 PM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*Signed and Sealed at Richmond on this Date:
August 22, 2000*



Joel H. Peck
Joel H. Peck, Clerk of the Commission