

F 01000000869

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: Zimmerman Communi-Care Network, 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: 700003459147--2

Alan R. Zimmerman

(Name of Person)

-02/15/01--01017--010
****350.00 ****350.00

Zimmerman Communi-Care Network, Inc.

(Firm/Company)

20550 Lake Ridge Drive

(Address)

Prior Lake, MN 55372

(City/State/Zip)

700003459147--2
-11/09/00--01089--005
*****87.50 *****87.50

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

W-27347

Alan Zimmerman

(Name of Person)

at (952) 492-3888

(Area Code & Daytime Telephone Number)

700003459147--2
-01/10/01--01030--001
****300.00 ****300.00

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 FEB 14 AM 8:37

FILED

W 2/15



Department of State

Memorandum Office of the General Counsel

TO: File

FROM: Gerard York, Assistant General Counsel

DATE: February 9, 2001

RE: Zimmerman Communi-care Network, Inc.

Based on my review of the file and the payments received from the corporation, it is my recommendation that this file be closed. Corporation has paid outstanding report fees from 1999 of \$150.00 and foreign non-qualified penalties of \$ 500.00 assessed at the statutory minimum of \$500.00 and wishes to be qualified to conduct its affairs in the State of Florida. Accordingly, it is recommended corporation be issued a certificate of authority.

/gty

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TALLAHASSEE FLORIDA



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
OFFICE OF THE GENERAL COUNSEL

F A C S I M I L E T R A N S M I T T A L

TO FAX NUMBER: 941-949-1650

Please deliver the following pages to:

NAME: Dr. Alan R. Zimmerman

COMPANY: Zimmerman Communi-care Network, Inc.

CITY/STATE: Prior Lake, Minnesota

SENDER: Gerard T. York, Esq.,
Assistant General Counsel
(850) 414-5514

DATE/TIME: 01/12/01 4:46 PM

NUMBER OF PAGES (including transmittal sheet):2

FROM FAX: 850/922-5763 (Suncom 292-5763)

COMMENTS: This communication is further to our conversation yesterday regarding annual report fees and statutory penalties which would be assessed against Zimmerman Communi-care Network, Inc. under section 607.1502(4), Florida Statutes. We would offer to settle the issue of foreign non-qualified penalties and annual report fees from Zimmerman Communi-care Network, Inc. for the sum of \$350.00, reflecting penalties assessed at the statutory minimum of \$500.00 per year and annual report fees from 1999 of \$150.00, minus your prepayment of \$300.00. This offer remains in effect until February 23, 2001.

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TALLAHASSEE FLORIDA

Upon completion of the application and receipt of a check in that amount payable to the Department of State, Division of Corporations, I will instruct the Division of Corporations to issue Zimmerman Communi-care Network, Inc. a Certificate of Authority to transact business in Florida. Please mail the check to this attorney at: Office of General Counsel, LL-10, The Capitol, Tallahassee, Florida 32399-0250.

Please do not hesitate to contact me should you have any questions.

If there are any problems in receiving this transmission, call Cara at 850/414-5536 or Suncom 994-5536.

LL-10 • THE CAPITOL • TALLAHASSEE, FLORIDA 32399-0250

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SECRETARY OF STATE
TALLAHASSEE FLORIDA



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

November 16, 2000

ALAN S. ZIMMERMAN
ZIMMERMAN COMMUNI-CARE NETWORK, INC.
20550 LAKE RIDGE DRIVE
PRIOR LAKE, MN 55372

SUBJECT: ZIMMERMAN COMMUNI-CARE NETWORK, INC.
Ref. Number: W00000027347

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

We have received your document for ZIMMERMAN COMMUNI-CARE NETWORK, 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.

Based upon information provided by the Florida Department of Revenue, pursuant to section 213.053(14), Florida Statutes, it appears that ZIMMERMAN COMMUNI-CARE NETWORK, INC. has transacted business in Florida prior to submitting an "Application for Authority to Transact Business in Florida". The information received from the Florida Department of Revenue indicates January 1, 1998, as the initial date of transacting business in the State of Florida.

Pursuant to section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report/uniform business report and penalty fees is \$2,300.00.

Enclosed please find a copy of section 607.1501, 617.1501, or 608.502, Florida Statutes, which lists those activities that do not constitute transacting business in this state. If after reviewing this section you determine erroneous information was inserted on the application,*a notarized affidavit containing the following information must be submitted: 1.) a statement indicating erroneous information was listed on the application; and 2.) the correct date the corporation began transacting business in Florida prior to the year the application was submitted did

* or that the corporation
did not transact in Florida
prior to this year

not constitute transacting business pursuant to section 607.1501, 617.1501 or 608.502, Florida Statutes.

If you have any questions concerning the filing of your document, please call (850) 487-6958.

Lee Rivers
Document Specialist

Letter Number: 000A00059149

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01 FEB 14 AM 8:37
SECRETARY OF STATE
TALLAHASSEE FLORIDA

December 26, 2000



Lee Rivers
Document Specialist
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Mr. Rivers:

We talked via telephone a few days ago to clarify the details of your letter number 000A00059149. Since then I have done additional research and have enclosed the details.

First, you will find an enclosed a "Certificate of Good Standing" for my corporation. My corporation was founded in and continues to reside in the state of Minnesota.

Second, erroneous information was inserted in my application. I had indicated the first day of business transacted in Florida as January 1, 2000. I thought I was simply applying for a license for the year 2000. Please excuse my lack of understanding when I read the statutes.

However, the information you received from the Florida Department of Revenue was also incorrect. They indicated the initial date of transacting business in the State of Florida was January 1, 1998.

My 1998 tax returns did not have any Florida income. As best I can tell from all my records, the correct date on the application should be January 1, 1999.

Third, I did not know I had to obtain a certificate from your office. Please excuse my ignorance. I humbly ask that you waive the penalty of \$2000 and accept the \$300 due in yearly fees. I assure you that my oversight was due to ignorance and not deceit.

Thanks for your help in this matter.

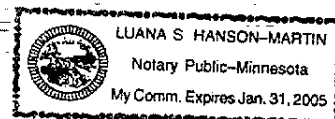
Sincerely,


Alan R. Zimmerman

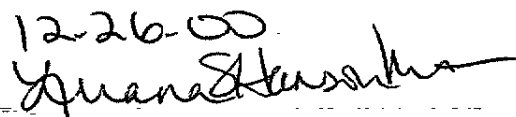
Zimmerman Communi-Care Network

Programs for Peak Performance -- all the time ... no matter what!

20550 Lake Ridge Drive • Prior Lake, Minnesota 55372
(952) 492-5888 • Fax (952) 492-5888 • Email: Alan@DrZimmerman.com • Web Site: www.DrZimmerman.com



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01 FEB 14 AM 8:37
TALLAHASSEE FLORIDA
SECRETARY OF STATE

1226-00


January 10, 2001

Dear Mr York;

Attached is the file for ZIMMERMAN COMMUNI-CARE NETWORK, INC., a Minnesota corporation. We sent them an FNQ letter and they submitted \$87.50. We sent them the standard letter about the information from DOR indicating they began transacting in 1998. They responded with the attached letter of December 26, 2000 and a check for \$300 in report fees.

Please let me know if I can be of any help.


Lee Rivers
487-6958

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

**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. Zimmerman Community Care Network, Inc.
(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. Minnesota 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 9-17-87 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 1-1-00
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 20550 Lake Ridge Drive
Prior Lake, MN 55372
(Current mailing address)

8. Provide professional development seminars
(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: Alan Zimmerman

Office Address: 27071 Lake Harbor Court - #201
Bonita Springs, Florida, 34134
(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.

Alan R Zimmerman

(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 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: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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

President: Alan Zimmerman

Address: 20550 Lake Ridge Drive

Prior Lake, MN 55312

Vice President: Christine Zimmerman

Address: 20550 Lake Ridge Drive

Prior Lake, MN 55372

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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TALLAHASSEE FLORIDA

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

13. Alan R. Zimmerman

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

14. Alan R. Zimmerman President

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

State of Minnesota

SECRETARY OF STATE

Certificate of Good Standing

I, Mary Kiffmeyer, Secretary of State of Minnesota, do certify that: The corporation listed below is a corporation formed under the laws of Minnesota; that the corporation was formed by the filing of Articles of Incorporation with the Office of the Secretary of State on the date listed below; that the corporation is governed by the chapter of Minnesota Statutes listed below; and that this corporation is authorized to do business as a corporation at the time this certificate is issued.

Name: ZIMMERMAN COMMUNI CARE NETWORK, INC.

Date Formed: 09/17/1987

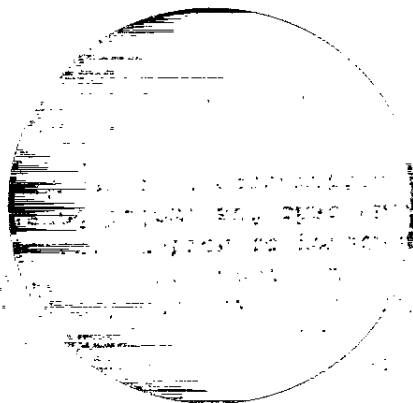
Chapter Governed By: 302A

This certificate has been issued on 12/12/00.

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SECRETARY OF STATE
TALLAHASSEE FLORIDA



Mary Kiffmeyer
Secretary of State.