

F01000004583
TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Health Care Choices, 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:

Carolyn Lieberman

(Name of Person)

Health Care Choices, Inc.

(Firm/Company)

3420 Lawton Lane

(Address)

Cleveland, Ohio 44124

(City/State and Zip code)

FILED
01 AUG 29 AM 10:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2001 JUL -3 AM 9:49
NOT INTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

For further information concerning this matter, please call:

Jim Freeman

(Name of Person)

at (850-) 377-3480

(Area Code & Daytime Telephone Number)

000004457760--9
-07/03/01--01030--009
*****78.75 *****78.75

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Registration 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

Katherine Harris
Secretary of State

July 3, 2001

CAROL LIEBERMAN
3420 LAWTON LANE
CLEVELAND, OH 44124

SUBJECT: HEALTH CARE CHOICES, INC.
Ref. Number: W01000015291

RECEIVED
01 AUG 29 AM 10:03
DIVISION OF CORPORATION

FILED
01 AUG 29 AM 10:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for HEALTH CARE CHOICES, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the DOCUMENT SPECIALIST indicated.

In addition to your application, you must submit a certificate of good standing from the Ohio Secretary of State.

This is a 1-page certificate that states that your corporation is filed in Ohio, and that it continues in Good Standing.

This certificate must be dated within the past 90 days.

Please note that we have RETAINED your \$78.75 payment.

Please return 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) 245-6914.

Buck Kohr
Corporate Specialist

Letter Number: 401A00039654

FILED
01 AUG 29 AM 10:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RESOLUTION OF BOARD OF DIRECTORS

(Please print or type)

I, the undersigned Carolyn Lieberman, do hereby certify
(Name)

that this Resolution of the Board of Directors of Health Care Choices Inc.

(Corporate Name)

a corporation duly organized and existing under the laws of the State of Ohio

was duly adopted on 8-1-01

Be it resolved, that Health Care Choices
(Corporate Name)

organized and existing in the State of Ohio, hereby adopts the name
Health Care Choices of Ohio Inc. for use in Florida.

Dated: 8-22-01

Carolyn Lieberman
Signature of either Chairman, Vice Chairman or any officer

Carolyn Lieberman
Type or print name

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

**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. Health Care Choices, 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. OHIO 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 1991 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. Upon qualifying
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 3420 Lawton Lane, Cleveland, Ohio 44124
(Principal office address)

(Current mailing address)
8. Consulting
(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: Jim Freeman
- Office Address: 4142 Cottage Wood Trail
Tallahassee, Florida 32311
(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.

J. O. Freeman
(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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01 AUG 29 AM 10 18
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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01 AUG 29 AM 10:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. OFFICERS

President: Carolyn Lieberman

Address: 3420 Lawton Lane, Cleveland, OH 44124

Vice President: Barry Lieberman

Address: 3420 Lawton Lane, Cleveland, Ohio 44124

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

13. Carolyn Lieberman, President

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

14. Carolyn Lieberman, President

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

UNITED STATES OF AMERICA,
STATE OF OHIO,
OFFICE OF THE SECRETARY OF STATE.

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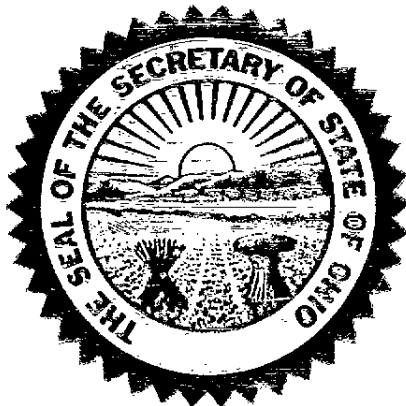
FILED
01 AUG 29 AM 10:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, J. Kenneth Blackwell, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign corporations; that said records show HEALTH CARE CHOICES, INC., an Ohio Corporation, Charter No. 791494, having its principal location in Richmond Heights, County of Cuyahoga, was incorporated on February 28, 1991, is currently in GOOD STANDING upon the records of this office.

WITNESS my hand and official seal

at Columbus, Ohio on

July 20, 2001



J. Kenneth Blackwell

J. Kenneth Blackwell
Secretary of State