

5
F01000005621

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ComplyCare, Inc.
(Name of corporation - must include suffix)

Dear Sir or Madam:

000004603990--5
-09/21/01--01045--003
*****87.50 *****87.50

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:

W01-22281

Lorraine M Durham
(Name of Person)

ComplyCare, Inc.
(Firm/Company)

8716 Sandberry Blvd
(Address)

Orlando, FL 32819
(City/State and Zip code)

For further information concerning this matter, please call:

Lorraine Durham at (407) 832-9250
(Name of Person) (Area Code & Daytime Telephone Number)

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

FILED
01 OCT 26 AM 2:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

mt
10/29



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

September 26, 2001

LORRAINE M. DURHAM
8716 SANDBERRY BLVD.
ORLANDO, FL 32819

SUBJECT: COMPLYCARE, INC.
Ref. Number: W01000022281

We have received your document for COMPLYCARE, 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.

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) 245-6097.

Michael Mays
Document Specialist

Letter Number: 301A00053464

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**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. ComplyCare, 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. Delaware
(State or country under the law of which it is incorporated)
3. 52-2338837
(FEI number, if applicable)
4. 8/1/2001
(Date of incorporation)
5. perpetual
(Duration: Year corp. will cease to exist or "perpetual")
6. 8/1/2001
(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. 8716 Sandberry Blvd. Orlando, FL 32819
(Principal office address)
- Same as above
(Current mailing address)
8. Regulatory & Clinical 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: Lorraine Durham
Office Address: 8716 Sandberry Blvd
Orlando, Florida 32819
(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.

Lorraine M Durham
(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 business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Lorraine M Durham

Address: 8716 Sandberry Blvd
Orlando, FL 32819

Vice Chairman:

Address: Same as above

Director:

Address: Same as above

Director:

Address: Same as above

B. OFFICERS

President: Lorraine M Durham

Address: 8716 Sandberry Blvd
Orlando, FL 32819

Vice President:

Address: Same as above

Secretary:

Address: Same as above

Treasurer:

Address: Same as above

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TALLAHASSEE, FLORIDA

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

13. Lorraine M Durham

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

14. Lorraine M Durham C, VC, P, VP, S, Tr

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

State of Delaware
Office of the Secretary of State PAGE 1

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COMPLYCARE, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINETEENTH DAY OF OCTOBER, A.D. 2001.

FILED
01 OCT 26 AM 2:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State

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AUTHENTICATION: 1401021

DATE: 10-19-01