



**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. HealthShare 1, 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. Missouri 3. 43-1860145  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. August 27, 1999 5. perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. 1/1/02 upon qualification  
(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. ~~166 Anchorage St~~ Lani Kai Resort "Sun Lizard" 1400 Estero Blvd  
(Principal office address) St. Myers Beach, FL 33931  
166 Anchorage St. - Lower Level Ft. Myers Beach, FL 33931  
(Current mailing address)
8. Retail Sales  
(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: David Shepherd  
Office Address: 166 Anchorage St. - Lower Level  
Ft. Myers Beach, Florida 33931  
(City) (Zip code)

FILED  
01 DEC 31 AM 2:00  
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.*

David Shepherd

(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: NA

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

B. OFFICERS

President: David Shepherd

Address: 166 Anchorage St. - Lower Level

Ft. Myers Beach, FL 33931

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: David Shepherd

Address: 166 Anchorage St. - Lower Level

Ft. Myers Beach, FL 33931

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

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

13. David Shepherd

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

14. David Shepherd - President

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

No. 00473542

# STATE OF MISSOURI



Matt Blunt  
Secretary of State

CORPORATION DIVISION

## CERTIFICATE OF CORPORATE GOOD STANDING

I, MATT BLUNT, Secretary of State of the State of Missouri,  
do hereby certify that the records in my office and in my  
care and custody reveal that

HEALTHSHARE 1, INC.

was incorporated under the laws of this State on the 27th  
day of AUGUST, 1999, and is in good standing, having fully  
complied with all requirements of this office.

IN TESTIMONY WHEREOF, I have set my  
hand and imprinted the GREAT SEAL of  
the State of Missouri, on this, the  
21st day of DECEMBER, 2001.

*Matt Blunt*

Secretary of State

