

F02000003959

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HealthCapital Financial I, 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:

900006875189--1
-08/02/02--01042--003
*****78.75 *****78.75

Bill BARRY
(Name of Person)

HealthCapital Financial I, Inc.
(Firm/Company)

1077 Bridgeport Ave.
(Address)

Shelton, CT 06484
(City/State and Zip code)

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FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Bill BARRY
(Name of Person)

at (203) 225-7575
(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

F02-3959
OK

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

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. HealthCapital Financial I, 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. 06-1555903

(FEI number, if applicable)

4. 08-23-1999

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. 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. 1077 Bridgeport Ave, Shelton CT 06484

(Principal office address)

Same

(Current mailing address)

8. Financial Transactions

(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: Ronald Greenberg

Office Address: 7144 Wainwright Ct.

SARASOTA

(City)

, Florida 34238

(Zip code)

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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.

Ronald Greenberg
(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: See Attached List

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: See Attached List

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

13. Eugene J. Fehen, President

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

14. Eugene J. Fehen

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

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HealthCapital Financial I, Inc
Officer & Director List

| <u>Name</u> | <u>Title</u> | <u>Residence Address</u> | <u>Business Address</u> |
|------------------|----------------|--|--|
| Eugene Feher | President | 162 Hattertown Road Newtown, CT 06470 | 1077 Bridgeport Ave Shelton, CT 06484 |
| Scott Preiser | Vice President | 31 Northop Road Woodbridge, CT 06525 | 1077 Bridgeport Ave Shelton, CT 06484 |
| Jonathan Preiser | Treasurer | 34 Yogananda Street Newtown, CT 06482 | 1077 Bridgeport Ave Shelton, CT 06484 |
| Ronald Greenberg | Secretary | 7144 Wainscott Ct. Sarasota, FL 34238 | 1077 Bridgeport Ave Shelton, CT 06484 |

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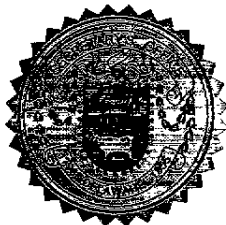
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Delaware

The First State

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I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HEALTHCAPITAL FINANCIAL I, 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 NINTH DAY OF JULY, A.D. 2002.



Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

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AUTHENTICATION: 1874385

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