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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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DCC

Signature

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01/21/03--01023--003 **2300.00

12/02/02--01046--005 **87.50

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03 JAN 15 PM 2:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Penalty 3000
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for per State Mark
1/15/03

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HealthCare Connections, 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:

Donna A. Mainini

(Name of Person)

HealthCare Connections, Inc.

(Firm/Company)

3111 N. University Drive, Suite 420

(Address)

Coral Springs, FL 33065

(City/State and Zip code)

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03 JAN 15 PM 2:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Donna Mainini

(Name of Person)

at (954) 346-4475

(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



HEALTHCARE CONNECTIONS, INC.

"Your National Staffing Solution"

3111 N. UNIVERSITY DRIVE, SUITE 420
CORAL SPRINGS, FLORIDA 33065
(954) 346-4475 FAX: (954) 346-4485

WWW.LABCAREER.COM EMAIL: JOBS@LABCAREER.COM

December 24, 2002

Diane Cushing
Corporate Specialist
Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Subject: HealthCare Connections, Inc.
Ref. Number: W02000034293
Letter Number: 102A00064831

Dear Ms. Cushing,

This is to request reconsideration of your determination that HealthCare Connections, Inc. pay the amount of \$5,750.00 to cover annual report/uniform business report and penalty fees. Our request is based on the following:

1. The corporation was formed by Catherine M. Schreck on March 17, 1997 who was working from her home as an independent recruiter and did no business in the state of Florida. She recruited and placed Medical Technologists outside the state.
2. In 1998, she did no business in Florida.
3. In 1999, she did no business in Florida.
4. In 2000, she did business in Florida.
5. In 2001, the company opened its office in Coral Springs and did business in Florida.
6. In 2002, the company did business in Florida.
7. It is our intention to continue to do business in Florida.

We believe the entity did not qualify as a foreign corporation in the state of Florida for the years 1997, 1998 and 1999.

We believe the entity did qualify as a foreign corporation in the state of Florida for the years 2000, 2001 and 2002.

If you concur, would you please advise us to how much is owed to cover annual report/uniform business report and penalty fees for the abovementioned years?

Your interest is appreciated.

Sincerely,


Donna A. Mainini



HEALTHCARE CONNECTIONS, INC.

"YOUR NATIONAL STAFFING SOLUTION"

3111 N. UNIVERSITY DRIVE, SUITE 420
CORAL SPRINGS, FLORIDA 33065
(954) 346-4475 FAX: (954) 346-4485

WWW.LABCAREER.COM EMAIL: JOBS@LABCAREER.COM

January 7, 2003

Ms. Diane Cushing
Corporate Specialist
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Subject: HealthCare Connections, Inc.
Ref. Number W02000034293
Letter Number: 102A00064831

Dear Ms. Cushing:

Enclosed is check no. 1675, in the amount of \$2,300.00.

This check represents civil penalties of \$1,000.00 for years 2000 and 2001, as well as, annual report/uniform business report fees of \$150.00 per year for years 2000 and 2001.

We will await your response in reference to years 1997, 1998 and 1999.

Thank you.

Sincerely,

Donna A. Mainini
VP/Director of Operations

enclosure
attachment



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State

December 6, 2002

DONNA A. MAININI
HEALTHCARE CONNECTIONS, INC.
3111 N. UNIVERSITY DRIVE, SUITE 420
CORAL SPRINGS, FL 33065

SUBJECT: HEALTHCARE CONNECTIONS, INC.
Ref. Number: W02000034293

We have received your document for HEALTHCARE CONNECTIONS, 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:

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/uniform business 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 \$5,750.00.

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) 245-6913.

Diane Cushing
Corporate Specialist

Letter Number: 102A00064831

**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. HealthCare Connections, 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. 65-0763727

(FEI number, if applicable)

4. March 17, 1997

(Date of incorporation)

5. perpetual

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

6. September 1997

(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. 3111 N. University Drive, Suite 420, Coral Springs, FL 33065

(Principal office address)

3111 N. University Drive, Suite 420, Coral Springs, FL 33065

(Current mailing address)

8. Laboratory Staffing Service

(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: Donna A. Mainini

Office Address: 3111 N. University Drive, Suite 420

Coral Springs

(City)

, Florida 33065

(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.

Donna A. Mainini

(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.

FILED
03 JAN 15 PM 2:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: Catherine M. Schreck

Address: 3111 N. University Drive, Suite 420
Coral Springs, FL 33065

Vice Chairman: Donna A. Mainini

Address: 3111 N. University Drive, Suite 420
Coral Springs, FL 33065

Director: Leo K. Mainini

Address: 3111 N. University Drive, Suite 420
Coral Springs, FL 33065

Director: _____

Address: _____

B. OFFICERS

President: Catherine M. Schreck

Address: 3111 N. University Drive, Suite 420
Coral Springs, FL 33065

Vice President: Donna A. Mainini

Address: 3111 N. University Drive, Suite 420
Coral Springs, FL 33065

Secretary: Donna A. Mainini

Address: 3111 N. University Drive, Suite 420, Coral Springs, FL 33065

Treasurer: Donna A. Mainini

Address: 3111 N. University Drive, Suite 420, Coral Springs, FL 33065

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

13. Donna A. Mainini
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Donna A. Mainini
(Typed or printed name and capacity of person signing application)

Delaware

PAGE 1

The First State

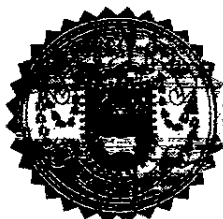
I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HEALTHCARE CONNECTIONS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIRST DAY OF NOVEMBER, A.D. 2002.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HEALTHCARE CONNECTIONS, INC." WAS INCORPORATED ON THE SEVENTEENTH DAY OF MARCH, A.D. 1997.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

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03 JAN 15 PM 2:19
SECRETARY OF STATE
DELAWARE, FLORIDA



Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

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AUTHENTICATION: 2102628

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DATE: 11-21-02