

F03000003437

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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Hamilton Health Care
Inc.

Foreign corp.

F03-3437
✓✓

03 JUL -9 PM 2:30
F.H. ED.
SECURE TAX INFORMATION
DIVISION OF CORPORATIONS

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Hamilton Healthcare, 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:

Arlisa Thompson
(Name of Person)

Hamilton Healthcare, Inc.
(Firm/Company)

P.O. Box 145
(Address)

Spruce Pine, AL 35585
(City/State and Zip code)

For further information concerning this matter, please call:

Arlisa Thompson at (256) 331-0500
(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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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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. Hamilton Healthcare, 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. Franklin County, Alabama 3. 63-1264776
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. May 23, 2001 5. 2
(Date of incorporation) (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. 3317 Hwy 63, Phil Campbell, AL 35581
(Principal office address)

P.O. Box 145, Spruce Pine, AL 35581
(Current mailing address)

8. Mobile Medical Diagnostic Testing
(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: J. Lane Baker

Office Address: 520 34th Street

West Palm Beach, Florida 33407
(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.



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

A. DIRECTORS

Chairman: N/A

Address: _____

Vice Chairman: N/A

Address: _____

Director: N/A

Address: _____

Director: N/A

Address: _____

B. OFFICERS

President: Deborah A. Hamilton

Address: 3393 Hwy. 63

Phil Campbell, AL 35585

Vice President: N/A

Address: _____

Secretary: N/A

Address: _____

Treasurer: N/A

Address: _____

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

13. Deborah A. Hamilton

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

14. Deborah A. Hamilton, President/CEO

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



State of Alabama
Department of Revenue
Certificate of Good Standing

Hamilton Health Care Inc is in compliance with the requirements in Chapter 14, Title 40, Code of Alabama 1975, prior to its repeal and Chapter 14A, Title 40, Code of Alabama 1975, as applicable through September 15, 2003.

ORIGINAL

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DIVISION OF CORPORATIONS
03 JUL -9 PM 2:31

*IN WITNESS WHEREOF, I hereunto set my hand this
date of May 21, 2003.*

Richard H. Hemminger

Director, Individual and Corporate Tax Division

ATTEST

[Signature]

Secretary