

F04000004540

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

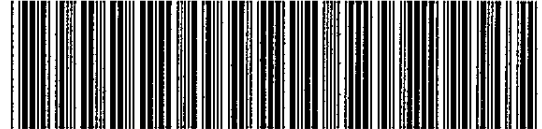
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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

J. BRYAN AUG - 9 2004

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AGILITY HEALTH PROFESSIONALS, 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:

MIKE LAPONSIE

(Name of Person)

AGILITY HEALTH PROFESSIONALS, INC.

(Firm/Company)

560 FIFTH STREET NW SUITE 404

(Address)

GRAND RAPIDS MI 49504

(City/State and Zip code)

For further information concerning this matter, please call:

KELLY SZALANSKI

(Name of Person)

at (616) 356-5008

(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

JUL-29-2004 14:54
JUL-21-2004 10:23

FAX NO. :6163565001

JUL 29 2004 11:54AM P3
P.07

**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. AGILITY HEALTH PROFESSIONALS, INC

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

AHP, INC

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. MICHIGAN

(State or country under the law of which it is incorporated)

3.

90-0089268

(FBI number, if applicable)

4.

4/27/90

(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 817.195, F.S.)

7.

560 FIFTH STREET NW STE 4404, Grand Rapids, MI 49504

(Principal office address)

SAME AS ABOVE

(Current mailing address)

8.

OPERATION OF REHABILITATION SERVICE FACILITIES

(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: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation

(City)

, Florida

33324

(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.

CT Corporation System

By:

Claudia L. Saari

(Registered agent's signature)

Claudia L. Saari
Asst. Secretary

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: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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TALLAHASSEE, FLORIDA

B. OFFICERSPresident: STEVEN N DAVIDSONAddress: 7776 WHITBURN DR, SEADA, MI 49301

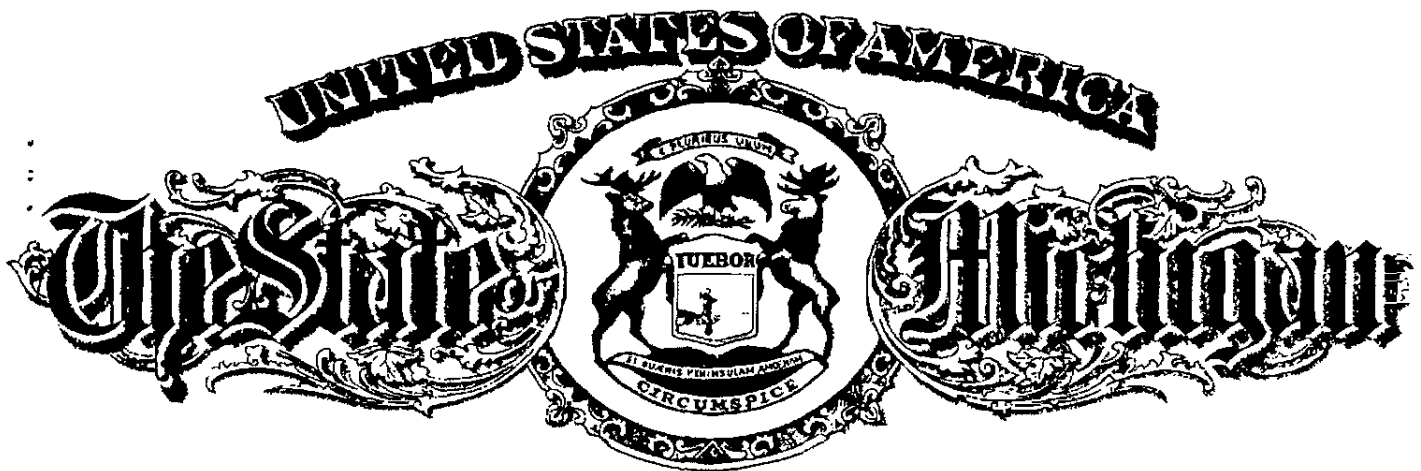
CEO

Vice-President: Kenneth E. ScholtenAddress: 8182 Buchanan, Allendale, MI 49401Secretary: KENNETH E SCHOLTENAddress: 8182 BUCHANAN, ALLENDALE, MI 49401Treasurer: STEVEN N DAVIDSONAddress: SAME AS ABOVE**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.13. Steven N Davidson

(Signature of Director or Officer listed in number 12 of the application)

14. Steven N Davidson, Treasurer

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



Lansing, Michigan

This is to Certify That

AGILITY HEALTH PROFESSIONALS, INC.

was validly incorporated on May 5, 2003, as a Michigan profit corporation, and said corporation is validly in existence under the laws of this state.

This certificate is issued pursuant to the provisions of 1972 PA 284, as amended, to attest to the fact that the corporation is in good standing in Michigan as of this date and is duly authorized to transact business and for no other purpose.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 22nd day of July, 2004.

Andrew S. Hittell, Director

Bureau of Commercial Services