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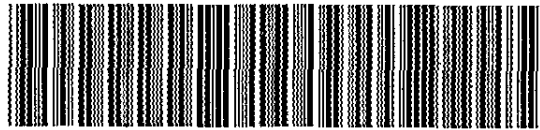
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TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: E+R Medical Personnel and Nurses Registry, 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:

<u>MARY VAN ALSTINE</u>	(Name of Person)
<u>E+R Medical Personnel & Nurses Registry</u>	(Firm/Company)
<u>91 Hemlock Hill South</u>	(Address)
<u>Fairfield, Ct. 06824</u>	(City/State and Zip code)

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For further information concerning this matter, please call:

MARY VAN ALSTINE at (203) 254-0632
(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

**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. EvR Medical Personnel and Nurses Registry, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

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

2. Ct. 3. 31-1782212
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. June 1, 2001 5. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 91 Hemlock Hill South Murfield, Ct 06854
(Principal office address)

Same
(Current mailing address)

8. Temporary Nursing
(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 NOT acceptable)

Name: Mary Van Alstine

Office Address: 2320 Murfield

Pt. St. Lucie, Florida 34986
(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.

Mary Van Alstine
(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: Mary Van Alstine
Address: 91 Hemlock Hill So.
Fairfield Ct 06824
Vice Chairman: James Van Alstine
Address: 91 Hemlock Hill So.
Fairfield Ct 06824
Director: _____
Address: _____
Director: _____
Address: _____

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B. OFFICERS

President: Mary Van Alstine
Address: 91 Hemlock Hill So.
Fairfield, Ct 06824
Vice President: James Van Alstine
Address: 91 Hemlock Hill So.
Fairfield Ct 06824
Secretary: James Van Alstine
Address: as above
Treasurer: Mary Van Alstine
Address: as above

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

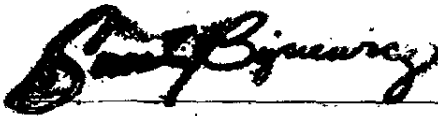
13. Mary Van Alstine
(Signature of Director or Officer listed in number 12 of the application)
14. Mary Van Alstine
(Typed or printed name and capacity of person signing application)

Office of the Secretary of the State of Connecticut

I, the Connecticut Secretary of the State,
and keeper of the seal thereof, DO HEREBY CERTIFY, that

E & R MEDICAL PERSONNEL AND NURSES REGISTRY, INC.

incorporated under the laws of Connecticut is, in existence.



Secretary of the State

Date Issued: August 11, 2004

SECRETARY OF STATE
HALLASSEE, FLORIDA

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