

#050000000739

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2005 FEB -7 A 2:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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12/23/04--01032--005 **70.00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



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(Business Entity Name)

(Document Number)

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W05-672

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FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

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2005 FEB -7 A 2:
SECRETARY OF STAT
TALLAHASSEE, FLORIDA

January 5, 2005

ANTHONY CHIOFOLO, JR.
19965 SW 7 PLACE
PEMBROKE PINES, FL 33029

SUBJECT: HEALTH CARE SPECIALISTS INC.
Ref. Number: W05000000672

We have received your document for HEALTH CARE SPECIALISTS INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the DOCUMENT SPECIALIST indicated.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

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) 245-6094.

Agnes Lunt
Document Specialist

Letter Number: 305A00000726



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

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2005 FEB -7 A 2: 32

SECRETARY OF STATE,
TALLAHASSEE, FLORIDA

January 25, 2005

ANTHONY CHIOFOLO, JR.
19965 SW 7 PLACE
PEMBROKE PINES, FL 33029

SUBJECT: HEALTH CARE SPECIALISTS INC.
Ref. Number: W05000000672

We have received your document for HEALTH CARE SPECIALISTS INC.. However, the document has not been filed and is being returned for the following:

You failed to make the correction(s) requested in our previous letter.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6094.

Agnes Lunt
Document Specialist

Letter Number: 205A00005018

TRANSMITTAL LETTER

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2005 FEB -7 A 2:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TO: Registration Section
Division of Corporations

SUBJECT: HEALTHCARE SPECIALISTS, 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:

Anthony CHIOFALO, Jr.
(Name of Person)

HEALTHCARE SPECIALISTS
(Firm/Company)

19965 SW 7 PLACE
(Address)

PEMBROKE PINES, FL 33024
(City/State and Zip code)

For further information concerning this matter, please call:

Anthony CHIOFALO at (800) 914-1463
(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

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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.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Healthcare Specialists, Inc of Broward County
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. NEVADA 3. 20-1789368
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 10-20-04 5. YEAR 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. 14965 SW 7 Place, Pembroke Pines, FL 33029
(Principal office address)

(Current mailing address)

8. JOB PLACEMENT HEADQUARTERS
(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: Anthony CHIOFALO, Jr

Office Address: 14965 SW 7 Place

Pembroke Pines, Florida 33029
(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.

Anthony Chiofalo
(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: _____

Address: _____

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Vice Chairman: _____

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Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Anthony CHIOFALO, Jr.

Address: 19965 SW 7 Place

Pembroke Pines, FL 33029

Vice President: Anthony CHIOFALO, Jr.

Address: 19965 SW 7 Place

Pembroke Pines, FL 33029

Secretary: Anthony CHIOFALO Jr.

Address: 19965 SW 7 Place, P. Pines, FL 33029

Treasurer: Anthony CHIOFALO Jr.

Address: 19965 SW 7 Place, P. Pines, FL 33029

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

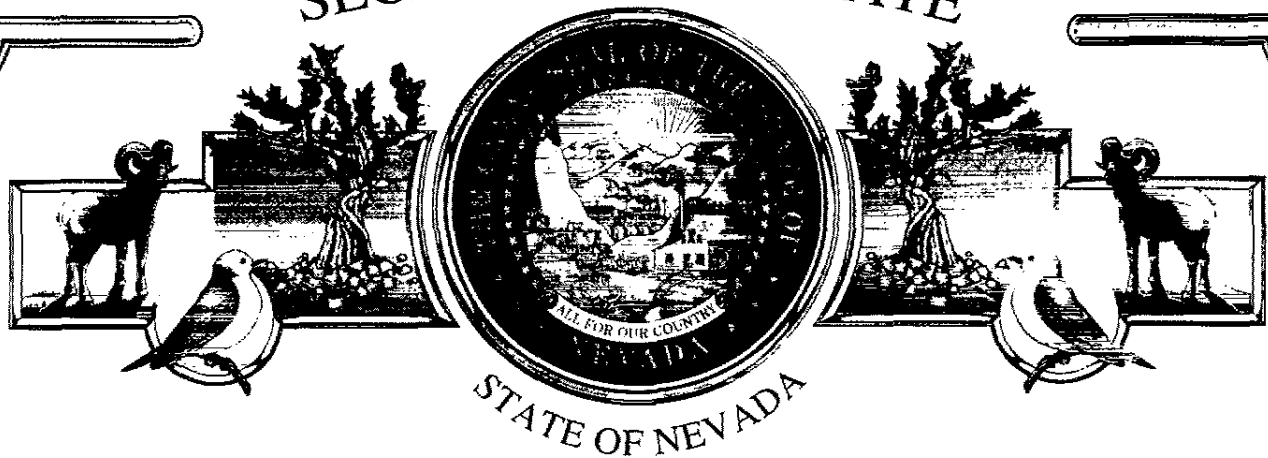
13. [Signature]

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

14. Anthony CHIOFALO JR.

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

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **HEALTHCARE SPECIALISTS, INC.**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since, October 20, 2004, and is in good standing in this state.



IN WITNESS WHEREOF, I have hereunto set my hand
And affixed the Great Seal of State, at my office, in
Carson City, Nevada, on, December 14, 2004

Dean Heller

Dean Heller
Secretary of State

By

[Signature]
Certification Clerk