

F070000000443

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(Address)

(City/State/Zip/Phone #)

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07 JAN 25 PM 4:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRS 1/25

1006-55010

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: ASSOCIATED CAPTIVE CONSULTANTS, 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:

ROBERT A. ZACK

(Name of Person)

LAW OFFICE OF ROBERT A. ZACK, PA

(Firm/Company)

PO BOX 50444

(Address)

SARASOTA, FLORIDA 34232

(City/State and Zip code)

For further information concerning this matter, please call:

ROBERT ZACK

(Name of Person)

at (941) 377-3200

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

07 JAN 25 PM 3:57

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

December 26, 2006

ROBERT A ZACK
LAW OFFICE OF ROBERT A ZACK, PA
PO BOX 50444
SARASOTA, FL 34232

SUBJECT: ASSOCIATES CAPTIVE CONSULTANTS, INC.
Ref. Number: W06000055010

We have received your document for ASSOCIATES CAPTIVE CONSULTANTS, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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 \$2,300.00.

If you have any questions concerning the filing of your document, please call (850) 245-6879.

Ruby Dunlap
Regulatory Specialist

Letter Number: 106A00072500

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

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

2. GEORGIA 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 4-2-2004 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 12-31-04
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 10 GLENLAKE PARKWAY, NE SUITE 130
(Principal office address)
ATLANTA, GEORGIA 30075
(Current mailing address)

8. CONSULTANTS TO HEALTHCARE PROVIDERS
(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: ROBERT A. ZACK

Office Address: 3958 DEFOE SQ
SARASOTA, FL, Florida 34241
(City) (Zip code)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Robert A. Zack

(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: MARK JACOBS

Address: 10 GLENLAKE PARKWAY, NE STE 130
ATLANTA, GA. 30075

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: MARK JACOBS

Address: 10 GLENLAKE PARKWAY, NE STE. 130
ATLANTA, GA 30075

Vice President: _____

Address: _____

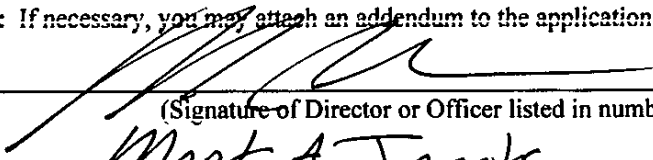
Secretary: SAM KLINGENSMITH

Address: 10 GLENLAKE PARKWAY, NE STE. 130

Treasurer: _____

Address: _____

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

13. 
(Signature of Director or Officer listed in number 12 of the application)

14. Mark A. Jacobs
(Typed or printed name and capacity of person signing application)

Control No. 0422038

STATE OF GEORGIA

Secretary of State

Corporations Division
315 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, Cathy Cox, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

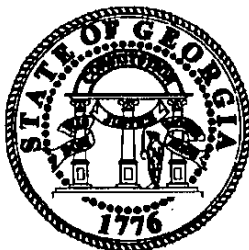
ASSOCIATED CAPTIVE CONSULTANTS, INC.

Domestic Non-Profit Corporation

was formed or was authorized to transact business on 04/02/2004 in Georgia. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 3rd day of January, 2007

Cathy Cox
Secretary of State