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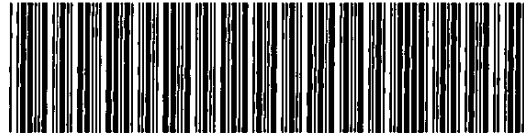
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Ch. 621

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Healthcare Acquisition Partners, Inc
(Name of Corporation – must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Beth E. Da Silva

(Name of Person)

Fleetridge Pacific

(Firm/Company)

4789 Narragansett Ave

(Address)

San Diego, CA 92107

(City/State and Zip Code)

For further information concerning this matter, please call:

Beth E. Da Silva

(Name of Person)

at (619) 501-8823

(Area Code & Daytime Telephone Number)

MAILING ADDRESS:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

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

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

May 17, 2007

BETH E. DA SILVA
4789 NARRAGANSETT AVE.
SAN DIEGO, CA 92107

SUBJECT: HEALTHCARE ACQUISITION PARTNERS, INC.
Ref. Number: W07000023786

We have received your document for HEALTHCARE ACQUISITION PARTNERS, 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):

Please make sure you meant to file a non profit qualification. Your purpose looks like this is a profit qualification.

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) 245-6047.

Carolyn Lewis
Document Specialist

Letter Number: 307A00034468

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Healthcare Acquisition Partners, 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:

Beth E. DASILVA

(Name of Person)

Healthcare Acquisition Partners, INC

(Firm/Company)

4789 Narragansett Ave

(Address)

SAN Diego, CA 92107

(City/State and Zip code)

For further information concerning this matter, please call:

Beth DASILVA

(Name of Person)

at (619) 501-8823

(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:

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Certificate of Status

☐ \$78.75 Filing Fee &
Certified Copy

☐ \$87.50 Filing Fee,
Certificate of Status &
Certified Copy

*check already
sent.*

**CHEFFY PASSIDOMO
WILSON & JOHNSON**

ATTORNEYS AT LAW, LLP

821 FIFTH AVENUE SOUTH, SUITE 201

NAPLES, FLORIDA 34102

TELEPHONE: (239) 261-9300

FAX: (239) 261-9782

E-MAIL: CPWJ@napleslaw.com

EDWARD K. CHEFFY

BOARD CERTIFIED CIVIL TRIAL ATTORNEY

BOARD CERTIFIED BUSINESS LITIGATION ATTORNEY

JOHN M. PASSIDOMO

BOARD CERTIFIED REAL ESTATE ATTORNEY

GEORGE A. WILSON

BOARD CERTIFIED WILLS, TRUSTS & ESTATES ATTORNEY

F. EDWARD JOHNSON

BOARD CERTIFIED WILLS, TRUSTS & ESTATES ATTORNEY

JOHN D. KEHOE

BOARD CERTIFIED CIVIL TRIAL ATTORNEY

LOUIS D. D'AGOSTINO

BOARD CERTIFIED APPELLATE PRACTICE ATTORNEY

JEFF M. NOVATT

DAVID A. ZULIAN

KEVIN A. DENTI

JEFFREY S. HOFFMAN

BOARD CERTIFIED WILLS, TRUSTS & ESTATES ATTORNEY

LOUIS W. CHEFFY

BOARD CERTIFIED REAL ESTATE ATTORNEY

LISA H. BARNETT

BOARD CERTIFIED REAL ESTATE ATTORNEY

CLAY C. BROOKER

ANDREW H. REISS

WILLIAM J. DEMPSEY

BOARD CERTIFIED REAL ESTATE ATTORNEY

STANLEY A. BUNNER, JR.

MICHAEL S. GROSS

ERIC T. COFFMAN

JASON O. LOWE

OF COUNSEL:

GEORGE L. VARNADOE

May 30, 2007

Ms. Carolyn Lewis
Document Specialist
Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

Re: Healthcare Acquisition Partners, Inc.
Reference Number: W07000023786

Dear Ms. Lewis:

Pursuant to your letter of May 17, 2007, a copy of which is enclosed for your convenience, enclosed is the Cover Letter and Application by Foreign Corporation for Authorization to Transact Business in Florida for filing with the Division of Corporations.

Please contact the undersigned if you have any questions. Thank you.

Very truly yours,



Jeff M. Novatt
For the Firm

JMN/lrj

Enclosures

F:\wpdocs\Business\UMN\Personal\LT-FLDivOfCorps-HealthcareAcquisitionPartners.doc

**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. Healthcare Acquisition Partners, 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. CALIFORNIA 3. 22 394 73 63
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 11/13/06 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. 4789 NARRAGANSETT AVE, SAN DIEGO, CA 92107
(Principal office address)

4789 NARRAGANSETT AVE, SAN DIEGO, CA 92107
(Current mailing address)

8. Business Brokerage
(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: Jeff M. Novatt, Esq.

Office Address: 821 5th Avenue South, Suite 201
Naples FL, Florida 34102
(City) (Zip code)

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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.


(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:

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2007 MAY 31 PM 3:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A. DIRECTORS

Chairman: Beth E. DaSilva

Address: 4731 Del Monte Ave.
San Diego, CA 92107

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Beth E DaSilva

Address: 4731 Del Monte Ave
SAN Diego, CA 92107

Vice President: Beth E DaSilva

Address: 4731 Del Monte Ave
SAN Diego, CA 92107

Secretary: Beth E DaSilva

Address: 4731 Del Monte Ave, SAN Diego, CA 92107

Treasurer: Beth E DaSilva

Address: 4731 Del Monte Ave, San Diego, CA 92107

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

13. Beth E. DaSilva

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

14. Beth E. DaSilva, President

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

**State of California
Secretary of State**

**CERTIFICATE OF STATUS
DOMESTIC CORPORATION**

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

That on the **13th day of November 2006**, **HEALTH CARE ACQUISITION PARTNERS, INC.**, became incorporated under the laws of the State of California by filing its Articles of Incorporation in this office; and

That said corporation's corporate powers, rights and privileges are not suspended on the records of this office; and

That according to the records of this office, the said corporation is authorized to exercise all its corporate powers, rights and privileges and is in good legal standing in the State of California; and

That no information is available in this office on the financial condition, business activity or practices of this corporation.

IN WITNESS WHEREOF, I execute
this certificate and affix the Great Seal
of the State of California this day of
April 27, 2007.



Debra Bowen

**DEBRA BOWEN
Secretary of State**