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(Requestor's Name)

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(Address)

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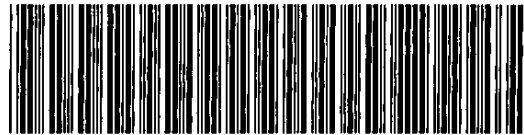
(Business Entity Name)

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TALLAHASSEE, FLORIDA

W07-24518
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 22, 2007

KARREN WILSON, ESQ
5600 MARINER STREET SUITE 216
TAMPA, FL 33609

SUBJECT: AMERICA'S 1ST CHOICE HEALTH PLANS, INC.
Ref. Number: W07000024518

We have received your document for AMERICA'S 1ST CHOICE HEALTH PLANS, 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):

You must list the names and street addresses of the officers and directors of the corporation on the form/application.

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 the original and one copy of 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) 245-6955.

Suzanne Hawkes
Document Specialist
New Filing Section

Letter Number: 007A00035623

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: America's 1st Choice Health Plans, 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:

Karren Wilson, Esq.,

(Name of Person)

America's 1st Choice Health Plans, Inc.

(Firm/Company)

5600 Mariner Street, Suite 216

(Address)

Tampa, Florida 33609

(City/State and Zip code)

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TALLAHASSEE, FL

For further information concerning this matter, please call:

Wilson, Karren at (813) 594-1026
(Name of Person) (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

**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. America's 1st Choice Health Plans, 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. South Carolina, U.S.

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

3. 20-5534980

(FEI number, if applicable)

4. 11/29/2006

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. 03/01/2007

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

7. 5600 Mariner Street, Suite 216. Tampa, Florida 33609

(Principal office address)

5600 Mariner Street, Suite 216. Tampa, Florida 33609

(Current mailing address)

8. Business Management and General Administrative Activities

(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: Wilson, Karren, Esq.

Office Address: 5600 Mariner Street, Suite 216

Tampa, , Florida 33609

(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.



(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.

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12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Shilen Patel

Address: 5600 Mariner Street, Suite 216. Tampa, Florida 33609

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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B. OFFICERS

President: Shilen Patel

Address: 5600 Mariner Street, Suite 216. Tampa, Florida 33609

Vice President: _____

Address: _____

Secretary: _____

Address: _____

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. Shilen Patel, President

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

The State of South Carolina



Office of Secretary of State Mark Hammond

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TALLAHASSEE, FLORIDA

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

AMERICA'S 1ST CHOICE HEALTH PLANS, INC.,
a corporation duly organized under the laws of the State of South Carolina on November 29th, 2006, and having a perpetual duration unless otherwise indicated below, has as of the date hereof filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the Corporation that it is subject to being dissolved by administrative action pursuant to section 33-14-210 of the South Carolina Code, and that the corporation has not filed articles of dissolution as of the date hereof.

Given under my Hand and the Great
Seal of the State of South Carolina this
23rd day of April, 2007.

A handwritten signature in cursive script that reads "Mark Hammond".
Mark Hammond, Secretary of State