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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

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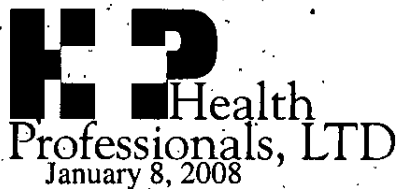


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08 JAN 14 AM 9:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1/14



Via Regular Mail

Florida Department of State
Attn: New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Health Professionals, Ltd. Application by Foreign Corporation For Authorization To Transact Business In Florida

Dear Madam or Sir:

Enclosed please find an original of the Application by Foreign Corporation For Authorization To Transact Business in Florida, an original Illinois Certificate of Good Standing, and HPL check # 013544 in the amount of \$87.50.

Should you have any questions please do not hesitate to contact Christina Snyder at 309-272-1566.

Sincerely,

Shelton Frey
General Counsel
Health Professionals, Ltd.
9000 N. Lindbergh Dr.
Peoria, IL 61615
309.272.1642 Direct Line
309.272.1643 Fax
309.256.2031 Mobile
sfrey@hpltd.com
kmf
Enclosure(s)

HPL check number 013544 in the amount of \$87.50
Application by Foreign Corporation For Authorization to Transact Business In
Florida (1 Original)
Illinois Certificate of Good Standing (1 Original)

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Health Professionals, Ltd.

(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:

Shelton Frey

(Name of Person)

Health Professionals, Ltd.

(Firm/Company)

9000 N. Lindbergh Dr., Ste. A

(Address)

Peoria, Illinois 61615

(City/State and Zip code)

For further information concerning this matter, please call:

Christina Snyder

(Name of Person)

at (309) 272-1566

(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. Health Professionals, Ltd., Inc.

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

Health Professionals, Ltd., Corp.

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

2. Illinois

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

3. 37-1347484

(FEI number, if applicable)

4. September 25, 1995

(Date of incorporation)

5. Perpetual

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

6. n/a

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

7. 9000 N. Lindbergh Dr., Ste. A, Peoria, Illinois 61615

(Principal office address)

9000 N. Lindbergh Dr., Ste. A, Peoria, Illinois 61615

(Current mailing address)

8. Administer Correctional Health Care

(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: CT Corporation System

Office Address: 1200 South Pine Island Rd.

Plantation

(City)

, Florida 33324

(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.

Sarah B. Ayala

Assistant Secretary

Sarah B. Ayala

(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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TALLAHASSEE, FLORIDA

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

A. DIRECTORS *

Director: ~~XXXXXX~~ Theresa S. Falcon-Cullinan M.D.

Address: 9000 N. Lindbergh Dr., Ste. A, Peoria, Illinois 61615

Director: ~~XXXXXX~~ Cristina Capoot

Address: 9000 N. Lindbergh Dr., Ste. A, Peoria, Illinois 61615

Director: Douglas D. Goetz

Address: 9000 N. Lindbergh Dr., Ste. A, Peoria, Illinois 61615

Director: Blair Tikker

Address: 9000 N. Lindbergh Dr., Ste. A, Peoria, Illinois 61615

B. OFFICERS

President: Theresa S. Falcon-Cullinan, M.D.

Address: 9000 N. Lindbergh Dr., Ste A

Peoria, Illinois 61615

CEO

~~XXXXXX~~ Douglas D. Goetz

Address: 9000 N. Lindbergh Dr., Ste. A, Peoria, Illinois 61615

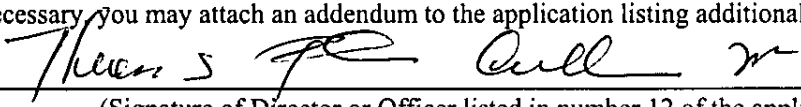
Secretary: Larry Wolk, M.D.

Address: 9000 N. Lindbergh Dr., Ste. A, Peoria, Illinois 61615

Treasurer: Larry Wolk, M.D.

Address: 9000 N. Lindbergh Dr., Ste. A, Peoria, Illinois 61615

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. Theresa S. Falcon-Cullinan, M.D., President

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

* SEE ATTACHED ADDENDUM

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**ADDENDUM TO THE APPLICATION BY FOREIGN CORPORATION FOR
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

A. DIRECTORS

Director: Andrew M. Paul

Address: 9000 N. Lindbergh Dr., Ste. A, Peoria, Illinois 61615

Director: Malcolm T. Kostuchenko

Address: 9000 N. Lindbergh Dr., Ste. A, Peoria, Illinois 61615

B. OFFICERS

Chief Medical Officer: Stephen Cullinan, M.D.

Address: 9000 N. Lindbergh Dr., Ste. A, Peoria, Illinois 61615

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TALLAHASSEE, FLORIDA

File Number 5852-444-1



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

HEALTH PROFESSIONALS, LTD., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON SEPTEMBER 25, 1995, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 5TH day of NOVEMBER A.D. 2007 .

Jesse White

Authentication #: 0730901694

Authenticate at: <http://www.cyberdriveillinois.com>

SECRETARY OF STATE