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Florida Department of State  
Division of Corporations  
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From: Account Name : C T CORPORATION SYSTEM  
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DIVISION OF CORPORATIONS

**FOREIGN PROFIT/NONPROFIT CORPORATION**

Sana Health Group, Inc.

Certificate of Status	0
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ALLAHASSEE, FLORIDA

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Corporate Filing Menu

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**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. Sana Health Group, 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)  
Delaware

2. June 13, 2008  
(State or country under the law of which it is incorporated)

3. Perpetual  
(FBI number, if applicable)

4. N/A  
(Date of incorporation)

5. Perpetual  
(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. CPS 15052, 1733 N.W. 79th Avenue, Miami, Florida 33126-1112

(Principal office address)

CPS 15052, 1733 N.W. 79th Avenue, Miami, Florida 33126-1112

(Current mailing address)

8. Healthcare Media and Tools

(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: C T Corporation System

Office Address: 1200 South Pine Island Road

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.*

C T Corporation System

By: Lauren M. Arnold

(Registered agent's signature)

LAUREN M. ARNOLD

**SPECIAL ASSISTANT SECRETARY**

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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**A. DIRECTORS**

Chairman: JeanMarie Adams  
Address: CPS 15052, 1733 N.W. 79th Avenue, Miami, Florida 33126-1112

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: Ramon Horacio Vicioso Oller  
Address: CPS 15052, 1733 N.W. 79th Avenue, Miami, Florida 33126-1112

Director: Jose Ramon Yunon  
Address: CPS 15052, 1733 N.W. 79th Avenue, Miami, Florida 33126-1112

**B. OFFICERS**

President: JeanMarie Adams  
Address: CPS 15052, 1733 N.W. 79th Avenue, Miami, Florida 33126-1112

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: JeanMarie Adams  
Address: CPS 15052, 1733 N.W. 79th Avenue, Miami, Florida 33126-1112

Treasurer: JeanMarie Adams  
Address: CPS 15052, 1733 N.W. 79th Avenue, Miami, Florida 33126-1112

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

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

14. JeanMarie Adams, President

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

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TALLAHASSEE, FLORIDA  
PAGE 1

# Delaware

*The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "SANA HEALTH GROUP, INC." IS DULY  
INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN  
GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE  
RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTEENTH DAY OF JUNE,  
A.D. 2008.

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080691411

You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)



*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6659363

DATE: 06-13-08