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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

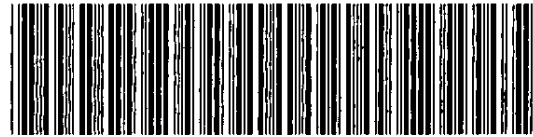
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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08 JUN 20 PM 3:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0048-28909

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Health System Services, 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:

Jeff Rose

(Name of Person)

Health System Services

(Firm/Company)

6867 Williams Rd

(Address)

Niagara Falls, NY 14304

(City/State and Zip code)

For further information concerning this matter, please call:

Jeff Rose

(Name of Person)

at (716) 283-2339

(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

June 13, 2008

JEFF ROSE  
HEALTH SYSTEM SERVICES  
6867 WILLIAMS RD  
NIAGARA FALLS, NY 14304

*Correction Made 6/18*

SUBJECT: HEALTH SYSTEM SERVICES LTD.  
Ref. Number: W08000028909

We have received your document for HEALTH SYSTEM SERVICES LTD. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The use of LIMITED or LTD. is not sufficient as a corporate suffix. The name must include a word such as INCORPORATED, INC., CORPORATION or CORP.

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

Ruby Dunlap  
Regulatory Specialist II

Letter Number: 908A00036438

**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 System Services, Ltd., 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. New York 3. 161500957  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. May 9, 1996 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. 6867 Williams Rd Niagara Falls, NY 14304  
(Principal office address)

Same  
(Current mailing address)

8. Medical Equipment & Supplies  
(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: John Dowd

Office Address: 11360 Fortune Circle Bay E-22  
Wellington, Florida 33414  
(City) (Zip code)

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**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.*

John Dowd  
(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: Robert Minicucci

Address: 453 Woodland Ct  
Youngstown, NY 14174

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

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

Director: Jeffrey Rose

Address: 11 Covington Rd  
Buffalo, NY 14216

Director: \_\_\_\_\_

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

**B. OFFICERS**

President: Robert Minicucci

Address: 453 Woodland Ct  
Youngstown, NY 14174

Vice President: Jeffrey Rose

Address: 11 Covington Rd  
Buffalo, NY 14216

Secretary: Jeffrey Rose

Address: above

Treasurer: Robert Minicucci

Address: above

**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. Jeffrey Rose Vice President

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

**State of New York**  
**Department of State** } ss:

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I hereby certify, that the Certificate of Incorporation of HEALTH SYSTEM SERVICES, LTD. was filed on 05/09/1996, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

\*\*\*

*WITNESS my hand and the official seal  
of the Department of State at the City of  
Albany, this 09th day of June two  
thousand and eight.*

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