

FD8000004340

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

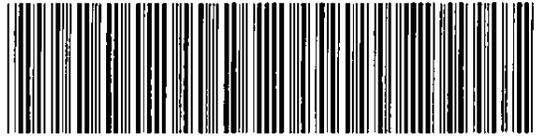
(Business Entity Name)

(Document Number)

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S. PRATHER

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 27, 2024

LABYRINTH, INC.  
LAUREN FLORES  
1830 COLONIAL VILLAGE LN  
LANCASTER, PA 17601

SUBJECT: HEALTHCORPS, INC.  
Ref. Number: F08000004340

We have received your document for HEALTHCORPS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA CORPORATION, but your entity is a FOREIGN NONPROFIT CORPORATION. Please complete and return the enclosed blank form(s).

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) 245-6939.

Stacy Prather  
Regulatory Specialist III

Letter Number: 624A00019267

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** HealthCorps, Inc.  
\_\_\_\_\_  
Name of Corporation

**DOCUMENT NUMBER:** F08000004340  
\_\_\_\_\_

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lauren Flores  
\_\_\_\_\_  
Name of Contact Person

Labyrinth, Inc.  
\_\_\_\_\_  
Firm/Company

1830 Colonial Village Ln  
\_\_\_\_\_  
Address

Lancaster, PA 17601  
\_\_\_\_\_  
City/State and Zip Code

corporate@labyrinthinc.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lauren Flores at ( 717 ) 844-9826  
\_\_\_\_\_  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$35.00 Filing Fee       \$43.75 Filing Fee & Certificate of Status       \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)       \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**NOT FOR PROFIT CORPORATION  
APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION TO FILE  
AMENDMENT TO APPLICATION FOR CONDUCTING AFFAIRS IN FLORIDA**  
(Pursuant to s. 617.1504, F.S.)

**SECTION I  
(1-3 MUST BE COMPLETED)**

F08000004340

(Document Number of Corporation (If known))

1. HEALTHCORPS, INC.  
(Name of corporation as it appears on the records of the Department of State)
2. Delaware (Incorporated under laws of)      3. 10/03/2008 (Date authorized to conduct affairs in Florida)

**SECTION II  
(4-8 COMPLETE ONLY THE APPLICABLE CHANGES)**

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? \_\_\_\_\_

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

5. \_\_\_\_\_  
(Name of corporation after the amendment, adding suffix "corporation," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation. "Company," or "Co.," may not be used as a corporate suffix by a nonprofit corporation)

6. If the amendment changes the period of duration, indicate new period of duration and the date the change was effected.

\_\_\_\_\_ (New duration)      \_\_\_\_\_ (Date)

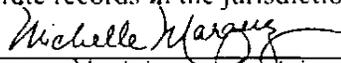
7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction and the date the change was effected.

New York (New jurisdiction)      10/03/2007 (Date)

8. If the purpose which the corporation intends to pursue in Florida has changed, indicate new purpose.

\_\_\_\_\_  
(The corporation is authorized to pursue such purpose in the jurisdiction of its incorporation)

9. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

  
(Signature of the chairman or vice chairman of the board, president, or other officer - if in the hands of a receiver, trustee, or other court-appointed fiduciary, by that fiduciary)

Michelle Marquez  
(Typed or printed name of the person signing)

Chief Operating Officer  
(Title of person signing)

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