

F08000004558

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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

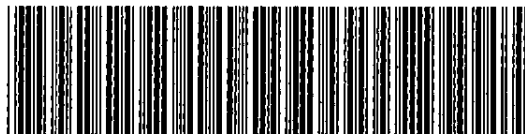
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only

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W08-46250



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10/06/08--01031--004 \*\*70.00

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DIVISION OF CORPORATIONS  
08 OCT 20 PM 1:55

10/21/08

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DIVISION OF CORPORATIONS

08 OCT 20 PM 1:55

## COVER LETTER

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

**SUBJECT:** ACT FOR HEALTH, 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:

DONNA PHILLIPS

(Name of Person)

ACT FOR HEALTH, INC.

(Firm/Company)

1600 EMERSON STREET

(Address)

DENVER, CO 80218

(City/State and Zip code)

For further information concerning this matter, please call:

DONNA PHILLIPS

(Name of Person)

at ( 303 ) 757-4808

(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

RECEIVED  
00 OCT 20 AM 8:00  
MISSING INFORMATION

October 7, 2008

DONNA PHILLIPS  
1600 EMERSON STREET  
DENVER, CO 80218

SUBJECT: ACT FOR HEALTH, INC.  
Ref. Number: W08000046250

We have received your document for ACT FOR HEALTH, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return the corrected 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) 245-6973.

Claretha Golden  
Regulatory Specialist II  
New Filing Section

Letter Number: 108A00052913

*Done*  
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08 OCT 20 PM 1:55  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

*AT Corp*  
*Please sign & ret.*  
*DO*

NOTICE: The enclosed document is being returned to you because it does not contain the required information. Please review the document and resubmit it with the required information. If you have any questions, please call (850) 245-6973.

**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. ACT FOR HEALTH, INC.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

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

2. COLORADO 3. 84-1383042  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 2/5/1997 5. PERPETUAL  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 04/06/2008  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1600 EMERSON ST., DENVER, CO 80218  
(Principal office address)

(SAME AS ABOVE)  
(Current mailing address)

8. HOME 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: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324  
(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.*

By: X James Martin  
C T Corporation System  
(Registered agent's signature) 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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DIVISION OF CORPORATIONS

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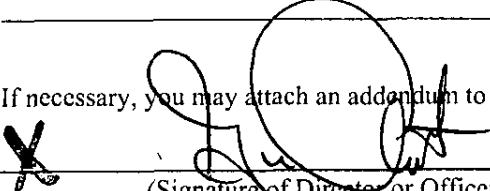
**A. DIRECTORS**

Chairman: \_\_\_\_\_  
Address: \_\_\_\_\_  
Vice Chairman: \_\_\_\_\_  
Address: \_\_\_\_\_  
Director: \_\_\_\_\_  
Address: \_\_\_\_\_  
Director: \_\_\_\_\_  
Address: \_\_\_\_\_

**B. OFFICERS**

President: GREG AUSTIN  
Address: 1600 EMERSON ST.  
DENVER, CO 80218  
Vice President: (CEO) KEVIN VOLLMER  
Address: 1600 EMERSON ST.  
DENVER, CO 80218  
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. GREG AUSTIN, PRESIDENT  
(Typed or printed name and capacity of person signing application)

OFFICE OF THE SECRETARY OF STATE  
OF THE STATE OF COLORADO

**CERTIFICATE**

I, Mike Coffman, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

**ACT FOR HEALTH, INC.**

is a **Corporation** formed or registered on 02/05/1997 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 19971017912.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 09/25/2008 that have been posted, and by documents delivered to this office electronically through 10/01/2008 @ 16:49:32.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Denver, Colorado on 10/01/2008 @ 16:49:32 pursuant to and in accordance with applicable law. This certificate is assigned Confirmation Number 7194767.



*Mike Coffman*

Secretary of State of the State of Colorado

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\*\*\*\*\*End of Certificate\*\*\*\*\*

*Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Certificate Confirmation Page of the Secretary of State's Web site, <http://www.sos.state.co.us/biz/CertificateSearchCriteria.do>, entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, <http://www.sos.state.co.us/> click Business Center and select "Frequently Asked Questions."*