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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: PATIENT CONFIDENCE CORPORATION OF AMERICA
(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:

DAVID I. ROWLAND

(Name of Person)

PATIENT CONFIDENCE CORPORATION

(Firm/Company)

860 EAST SWEDESFORD ROAD

(Address)

WAYNE, PA 19087

(City/State and Zip code)

For further information concerning this matter, please call:

DAVID ROWLAND

(Name of Person)

at (215) 370-7870

(Area Code & Daytime Telephone Number)

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TALLAHASSEE, FLORIDA

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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. PATIENT CONFIDENCE CORPORATION OF AMERICA

(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. PENNSYLVANIA

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

3. 23-3102105

(FEI number, if applicable)

4. DECEMBER 7, 2001

(Date of incorporation)

5. PERPETUAL

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

6. APRIL 2009 (ANTICIPATED)

(Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 860 EAST SWEDESFORD ROAD, WAYNE, PA 19087

(Principal office address)

SAME AS ABOVE

(Current mailing address)

8. SALE OF OUTCOME BASED MEDICAL INSURANCE PRODUCTS

(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: TIMOTHY J. MEENAN

Office Address: 204 South Monroe Street

TALLAHASSEE

(City)

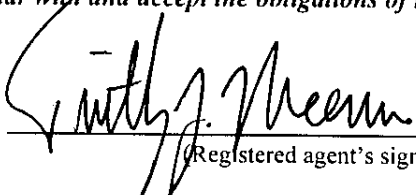
, Florida 32301

(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.



(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

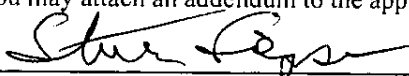
Chairman: DR. STEVEN B. SIEPSE
Address: 528 BRANDYWINE CREEK ROAD
COATESVILLE, PA 19320
Vice Chairman: DAVID J. MILLER
Address: 1451 BRANDYWINE LANE
WAYNE, PA 19087
Director: ROBERT PRINGLE
Address: 504 REEDS ROAD
DOWNINGTOWN, PA 19335
Director: DAVID BOOKSPAN
Address: 2020 WALNUT STREET #31 F
PHILADELPHIA, PA 19103

B. OFFICERS

President: DAVID J. MILLER
Address: 1451 BRANDYWINE LANE
WAYNE, PA 19087
Vice President: _____
Address: _____
Secretary: DR. STEVEN B. SIEPSE
Address: 528 BRANDYWINE CREEK ROAD, COATESVILLE, PA 19320
Treasurer: DAVID J. MILLER
Address: 1451 BRANDYWINE LANE, WAYNE, PA 19087

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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. DR. STEVEN B. SIEPSE
(Typed or printed name and capacity of person signing application)

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

FEBRUARY 26, 2009

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

PATIENT CONFIDENCE CORPORATION OF AMERICA

**is duly incorporated under the laws of the Commonwealth of Pennsylvania and
remains a subsisting corporation so far as the records of this office show, as of
the date herein.**



**IN TESTIMONY WHEREOF, I have
hereunto set my hand and caused
the Seal of the Secretary's Office to
be affixed, the day and year above
written.**

Pedro A. Cortes

Secretary of the Commonwealth