

F09000001413

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(City/State/Zip/Phone #)

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2009 APR -7 P 1:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR = 8 2009
D.A. WHITE

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COVER LETTER

2001 APR -7 P 1:09

TO: New Filing Section
Division of Corporations

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: Healthcare Concierge Services, 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:

David Lubowitz

(Name of Person)

Healthcare Concierge Services, Inc.

(Firm/Company)

777 Brickell Avenue, Suite 1370

(Address)

Miami, Florida 33131

(City/State and Zip code)

For further information concerning this matter, please call:

David Lubowitz at (954) 880-0217

(Name of Person)

(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



RECEIVED

09 APR -7 PM 1:04

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 23, 2009

DAVID LUBOWITZ
HEALTHCARE CONCIERGE SERVICES, INC.
777 BRICKELL AVE, SUITE 1370
MIAMI, FL 33131

SUBJECT: HEALTHCARE CONCIERGE SERVICE, INC.
Ref. Number: W09000013612

We have received your document for HEALTHCARE CONCIERGE SERVICE, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the Federal Employer Identification number in the appropriate section of the application. If applied for, enter "applied for", or if not applicable, enter "N/A".

The date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4) or 608.502(4), F.S., this office is required to collect a civil penalty of \$1,000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report fees due this office.)

If you have any questions concerning the filing of your document, please call (850) 245-6933.

Dale White
Regulatory Specialist II

Letter Number: 909A00009762

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA

FILED

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

APR -7 P 1:09

1. Healthcare Concierge Service, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

2. Delaware

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

3. 26-4548094

(FEI number, if applicable)

4. January 27th, 2008

(Date of incorporation)

5. Perpetual

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

6. Upon Qualification

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

7. 777 Brickell Avenue, Suite 1370, Miami, Florida 33131

(Principal office address)

777 Brickell Avenue, Suite 1370, Miami, Florida 33131

(Current mailing address)

8. health care concierge services

(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: Alex Sanchez

Office Address: 777 Brickell Avenue, Suite 1370

Miami, Florida 33131
(City) (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.


(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:

FILED

A. DIRECTORS

Chairman: Steven W. Jacobson

Address: 777 Brickell Avenue, Suite 1370

Miami, Florida 33131

Vice Chairman: Ronald A. Davis

Address: 777 Brickell Avenue, Suite 1370

Miami, Florida 33131

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Steven W. Jacobson

Address: 777 Brickell Avenue, Suite 1370

Miami, Florida 33131

Vice President: _____

Address: _____

Secretary: Ronald A. Davis

Address: 777 Brickell Avenue, Suite 1370, Miami, Florida 33131

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. Steven W. Jacobson

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

Delaware

PAGE 1

The First State

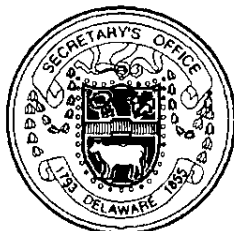
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HEALTHCARE CONCIERGE SERVICES, INC" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SIXTH DAY OF FEBRUARY, A.D. 2009.

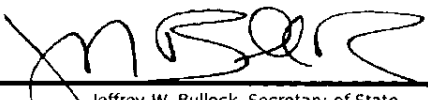
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2009 APR -7 P 1:09
SECRETARY OF STATE
DELAWARE, FLORIDA

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You may verify this certificate online
at corp.delaware.gov/authver.shtml




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 7157770

DATE: 02-26-09