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~
(Requestor's Name)
(Address)
(Address)
(was a say
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
, .
\$35.00

Office Use Only

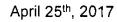


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DELIVERED BY FEDEX

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Re: Healthcare Concierge Services, Inc.
Corporation Reinstatement Form



Pursuant to the revocation of the certificate of authority to do business in the state of Florida for the entity Healthcare Concierge Services, Inc., please find enclosed appropriate documents for reinstatement of the corporation (Reinstatement form and change of name Resolution) along with the required fees:

Total	\$1,085	
Adoption of Alternate Name Fee	35	
2017 Annual Report Fee	150	
2016 Annual Report Fee	150	
2015 Annual Report Fee	150	
Reinstatement Fee	\$600	

Please confirm the reinstatement back to the undersigned.

Hoping this meets with your satisfaction,

Mireille Dionne, LL.B.

Global Excel Management Inc.

73 Queen Street,

Sherbrooke, Quebec

J1M 0C9

mireille.dionne@globalexcel.com

819-566-2901 ext. 2521



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS



RESOLUTION OF THE BOARD OF DIRECTORS TO ADOPT AN ALTERNATE NAME FOR USE IN FLORIDA

(Pursuant to section 607.1506 or 617.1506, F.S.)

(Please print or type)

I, the undersigned Alex Sanchez	, do hereby certify
(Name)	
that this Resolution of the Board of Directors of HEALTH	CARE CONCIERGE SERVICES,
INC.	·
(Name of Corporati	on)
a corporation duly organized and existing under the laws of	DELAWARE
	(State or Country)
was adopted on April 10th 2017	, adopting the alternate
	•
name of HEALTHCARE CONCIERGE SERVICES	STANDBYMD, INC.
(Alternate Name) NOTE: Mus	t contain a corporate suffix)
for use in Florida as its real name is unavailable in Florida.	
·	
Date: April 10th 2017	
11	
	General Manager
Signature dechairman, Vice Chairman of the Board, a director or any officer	Title of person signing
FILING FE	E \$35

(No fee required if submitted with a foreign not for profit qualification or amendment)

Make checks payable to Florida Department of State and mail to:

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314