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(City/State/Zip/Phone #)

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FILED
2009 JUL 21 AM 7:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7/21/09

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: EDCare Management, 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:

Leslie Carzoli

Name of Person

EDCare Management, Inc.

Firm/Company

c/o 6400 Atlantic Boulevard, Legal Dept.

Address

Jacksonville, FL 32211

City/State and Zip code

legal@hppartners.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Leslie Carzoli

Name of Person

at (904) 805-1400

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

☒ \$8,050.00 filing fee + penalties

**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. EDCare Management, Inc.

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

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

2. DE

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

3. 02-0596395

(FEI number, if applicable)

4. 2/13/2003

(Date of incorporation)

5. perpetual

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

6. 2002

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

7. 3107 Stirling Road, Suite 300, Ft. Lauderdale, FL 33312

(Principal office address)

6400 Atlantic Blvd., Legal Dept., Jacksonville, FL 32211

(Current mailing address)

8. any and all lawful purposes

(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: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation

(City)

, Florida 33324

(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.

Marie Edwards

(Registered agent's signature)

Marie Edwards Asst. 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.

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TALLAHASSEE, FLORIDA

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Jeffrey Schillinger

Address: 3107 Stirling Road, Suite 300

Ft. Lauderdale, FL 33312

Director: David Schillinger

Address: 3107 Stirling Road, Suite 300

Ft. Lauderdale, FL 33312

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TALLAHASSEE, FLORIDA

B. OFFICERS

President: Jeffrey Schillinger

Address: 3107 Stirling Road, Suite 300

Ft. Lauderdale, FL 33312

Vice President: _____

Address: _____

Secretary: Susan Greco-Despars

Address: 3107 Stirling Road, Suite 300, Ft. Lauderdale, FL 33312

Treasurer: Jeffrey Schillinger

Address: 3107 Stirling Road, Suite 300, Ft. Lauderdale, FL 33312

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. Jeffrey Schillinger, President

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

**EDCARE MANAGEMENT, INC.
APPLICATION BY FOREIGN CORPORATION AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

Continuation of Section 12. B

Continuation of Officers:

CEO: David Schillinger, MD
Address: 3107 Stirling Road, Ste 300
Ft. Lauderdale, FL 33312

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "EDCARE MANAGEMENT, 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 EIGHTEENTH DAY OF JUNE, A.D. 2009.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.


AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

3623986 8300

090630870

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




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 7370752

DATE: 06-18-09