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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B McKnight DEC 03 2009

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: SINAIKO HEALTHCARE CONSULTING, 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:

ANNETTE M. ROE, Vice President Administration
(Name of Person)

SINAIKO HEALTHCARE CONSULTING, INC.
(Firm/Company)

1875 CENTURY PARK EAST, 21st FLOOR
(Address)

LOS ANGELES, CA. 90067
(City/State and Zip code)

For further information concerning this matter, please call:

ANNETTE M. ROE at (310) 551-5252
(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
- ~~\$750 FEE~~
FOR ANNUAL REPORT
2004-2008
- ~~\$500 PENALTY FEE~~



FLORIDA DEPARTMENT OF STATE
Division of Corporations

NOV 13 2009

SINAIKO HEALTHCARE
1875 Century Park E Ste 2100
LOS ANGELES, CA 90067-2574

FEI #: 95-4375473

To Whom It May Concern:

The above referenced corporation is currently registered or obligated to file a corporation income tax return with the Florida Department of Revenue but it has not qualified to transact business in Florida with the Department of State, Division of Corporations. The corporation must determine whether or not its activities in Florida are considered to "be transacting business" or is it exempt from qualification within the meaning of s.607.1501, Florida Statutes (F.S.). For a list of the activities that do not constitute the transaction of business in Florida, you can access s.607.1501, F.S. from the Division's website at www.sunbiz.org.

Failure to qualify in Florida, if required, may result in penalties. To avoid further action by this office, you must return one of the following within the next forty-five (45) days: If the corporation is transacting business in Florida, complete the enclosed Application and return it with the appropriate fee and documentation. If the corporation is not transacting business in Florida within the meaning of s.607.1501, F.S., fill out and return the enclosed "STATEMENT CONCERNING AUTHORITY TO TRANSACT BUSINESS IN FLORIDA BY A FOREIGN CORPORATION".

Because the Florida Department of State is merely a filing agency, we are unable to render any legal advice. We strongly suggest you seek the advice of an attorney to ascertain compliance with all statutory requirements.

If you have any filing questions regarding this matter, you may call the New Filing Section at (850) 245-6052, press option #2.

Division of Corporations

Mailing Address:

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

Courier Address:

Florida Department of State
Division of Corporations
Clifton Building
2661 Executive Center Cir.
Tallahassee, FL 32301

**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. SINAIKO HEALTHCARE CONSULTING, INC.
(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. CALIFORNIA 3. 95-4375473
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 6/5/1992 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. OCTOBER 18, 2004
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1875 CENTURY PARK EAST, 21ST FLOOR
(Principal office address)
LOS ANGELES, CA. 90067
(Current mailing address)

8. MANAGEMENT CONSULTING TO THE HEALTHCARE INDUSTRY
(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: LUIS RAMOS, M.D.

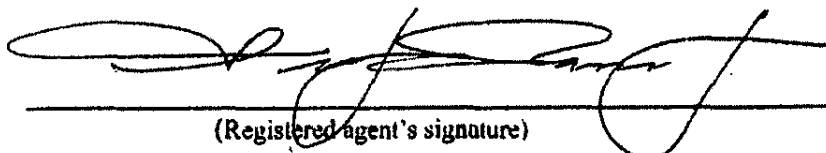
Office Address: 4886 BRIDLE CT.

OLDSMAR, Florida 34677
(City) (Zip code)

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TALLAHASSEE, FLORIDA

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.

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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TALLAHASSEE, FLORIDA

B. OFFICERS

CHIEF Executive officer
President: RICHARD E. SINAIKO

Address: 1875 CENTURY PARK EAST, 21st Floor

Los Angeles, CA. 90067

Vice President: Jeff E. Sinaiiko

Address: 1875 CENTURY PARK EAST; 21st Floor

Los Angeles, CA. 90067

Secretary: ϕ

Address: _____

Treasurer: ϕ

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)

RICHARD E. SINAIKO,
CHIEF EXECUTIVE OFFICER

14. _____

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

State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

SINAIKO HEALTHCARE CONSULTING, INC.

FILE NUMBER: C1822537
FORMATION DATE: 06/05/1992
TYPE: DOMESTIC CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

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TALLAHASSEE, FLORIDA

I, DEBRA BOWEN, Secretary of State of the State of California,
hereby certify:

The records of this office indicate the entity is authorized to exercise
all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate
and affix the Great Seal of the State of
California this day of July 29, 2009.

Debra Bowen

DEBRA BOWEN
Secretary of State