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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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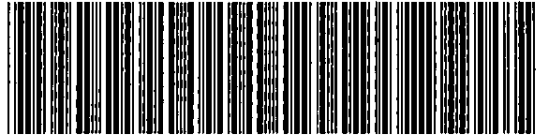
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status : \_\_\_\_\_

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TALLAHASSEE, FLORIDA

J. Shivers DEC 04 2009

**COVER LETTER**

**ORIGINAL**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** NCHS Holdings, 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," or "Certificate of Good Standing" 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:

Tiffany Dou, Esq.

Name of Person

Gresham Savage Nolan & Tilden, APC

Firm/Company

550 East Hospitality Lane, Suite 300

Address

San Bernardino, CA 92408-4205

City/State and Zip code

Tiffany.Dou@GreshamSavage.com

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

For further information concerning this matter, please call:

Tiffany Dou

Name of Person

at ( 909 ) 890-4499

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 Cop    ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

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**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. NCHS Holdings, 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

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

3. \_\_\_\_\_

(FEI number, if applicable)

4. February 23, 2009

(Date of incorporation)

5. Perpetual

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

6. \_\_\_\_\_

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

7. 24747 Redlands Blvd., Suite E, Loma Linda, CA 92354

(Principal office address)

24747 Redlands Blvd., Suite E, Loma Linda, CA 92354

(Current mailing address)

8. Sales and marketing of antihemophilic factors and other specialty pharmaceutical drugs

(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: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida

(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.*

C T Corporation System

Donald H. Boadway  
(Registered agent's signature)

Donald H. Boadway, Assistant 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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12. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: David S. Espinosa

Address: 24747 Redlands Blvd., Suite E  
Loma Linda, CA 92354

Vice Chairman: N/A

Address: \_\_\_\_\_

Director: Fred Copeland

Address: 24747 Redlands Blvd., Suite E  
Loma Linda, CA 92354

Director: Robert W. Brooks

Address: 24747 Redlands Blvd., Suite E  
Loma Linda, CA 92354

**B. OFFICERS**

President: David S. Espinosa

Address: 24747 Redlands Blvd., Suite E  
Loma Linda, CA 92354

Vice President: N/A

Address: \_\_\_\_\_

Secretary: Fred Copeland


Address: 24747 Redlands Blvd., Suite E, Loma Linda, CA 92354

Treasurer: Robert W. Brooks

Address: 24747 Redlands Blvd., Suite E, Loma Linda, CA 92354

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TALLAHASSEE, FLORIDA

**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. David S. Espinosa, President  
(Typed or printed name and capacity of person signing application)

**State of California**  
**Secretary of State**

CERTIFICATE OF STATUS

ENTITY NAME:

NCHS HOLDINGS, INC.

FILE NUMBER: C3189678  
FORMATION DATE: 02/23/2009  
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 September 23, 2009.

*Debra Bowen*

**DEBRA BOWEN**  
Secretary of State