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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC -8 2009
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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: OCCUPATIONAL PERFORMANCE CENTER INC
Name of corporation - must include suffix

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2009 DEC -7 PM 02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Christopher Harkins
Name of Person
Universal Medical Concepts Inc
Firm/Company
6245 N Federal Highway, Suite 300
Address
Fort Lauderdale, FL 33308
City/State and Zip code
charkins@smgumc.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christopher Harkins at (954) 957-7171, Ext 205
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

**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.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Occupational Performance Center, 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. Kansas

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

3. 74-2810564

(FEI number, if applicable)

4. 11-21-1996

(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. 6245 N Federal Highway, Suite 300 Fort Lauderdale, FL 33308

(Principal office address)

Same

(Current mailing address)

8. Any lawful purpose

(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: Christopher Harkins

Office Address: 6245 N Federal Highway, Suite 300

Fort Lauderdale

(City)

, Florida 33308

(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:

A. DIRECTORS

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Chairman: Bruce Nager

Address: 6245 N Federal Highway, Suite 300

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Ft Lauderdale, FL 33308

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Vice Chairman: _____

Address: _____

Director: Christopher Harkins

Address: 6245 N Federal Highway, Suite 300

Fort Lauderdale, FL 33308

Director: _____

Address: _____

B. OFFICERS

President: Brian Richardson

Address: 519 S Santa Fe Ave

Salina, KS 67401

Vice President: _____

Address: _____

Secretary: Christopher Harkins

Address: 6245 N Federal Highway, Ste 300, Ft Lauderdale, FL 33308

Treasurer: Christopher Harkins

Address: 6245 Federal Highway, Ste 300, Ft Lauderdale, FL 33308

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. Christopher Harkins, Treas / Sec

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

STATE OF KANSAS

OFFICE OF
SECRETARY OF STATE
RON THORNBURGH



To all to whom these presents shall come, Greetings:

I, RON THORNBURGH, Secretary of State of the State of Kansas, do hereby certify that I am the custodian of records of the State of Kansas relating to corporations and that I am the proper official to execute this certificate.

I FURTHER CERTIFY THAT

OCCUPATIONAL PERFORMANCE CENTER, INC.

is a regularly and properly organized corporation under the laws of the State of KANSAS, having been incorporated in Kansas on the 21st day of November, A.D. 1996 and has paid all fees due this office and is in good standing according to the records now on file in the office of Secretary of State.

In testimony whereof:

I hereto set my hand and cause
to be affixed my official seal.
Done at the City of Topeka, this
2nd day of December, A.D. 2009



Ron Thornburgh
RON THORNBURGH
SECRETARY OF STATE

2009 DEC - 1 P 12 02
SECRETARY OF STATE
TALLAHASSEE, FL

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