

F100000000355

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer: 1/14/10
3:15 - called Kimberly, approved
changes, awaiting certificate.

Office Use Only



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01/13/10--01028--014 **87.50

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 JAN 13 PM 4:54

YMD 1/22



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 14, 2010

KIMBERLEY MINSAVAGE
4A GATEWAY SHOPPING CENTER
EDWARDSVILLE, PA 18704

SUBJECT: NURSTAT STAFFING, INC.
Ref. Number: W10000002033

We have received your document for NURSTAT STAFFING, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6933.

Dale White
Regulatory Specialist II

Letter Number: 210A00001192

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: 4A Gateway Shopping Center, Edwardsville, PA, 18704

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:

Kimberley Minsavage

Name of Person

Professional Healthcare Associates, Inc., dba NurSTAT Staffing

Firm/Company

4A Gateway Shopping Center

Address

Edwardsville, PA 18704

City/State and Zip code

nurstat1@aol.com

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

For further information concerning this matter, please call:

Kimberley Minsavage

Name of Person

at (570) 239-5468

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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1. Professional Healthcare Associates, Inc.

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

NorSTAT Staffing, Inc.

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

2. PA

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

3. 23-2871228

(FEI number, if applicable)

4. 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. 4A Gateway Shopping Center, Edwardsville, PA, 18704

(Principal office address)

4A Gateway Shopping Center, Edwardsville, PA, 18704

(Current mailing address)

8. Health Care Services Pool License

(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: Linda Kester

Office Address: 6528 Gunn Highway

Tampa, Florida 33625
(City) (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

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Kimberley Minsavage

Address: 4A Gateway Shopping Center, Edwardsville, PA, 18704

Vice President: _____

Address: _____

Secretary: Linda Kester

Address: 4A Gateway Shopping Center, Edwardsville, PA, 18704

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Kimberley Minsavage

(Signature of Director or Officer listed in number 12 of the application)

14. KIMBERLEY MINSAVAGE PRESIDENT.

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

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COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

JANUARY 4, 2010

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

PROFESSIONAL HEALTHCARE ASSOCIATES, INC.

is duly incorporated under the laws of the Commonwealth of Pennsylvania and
remains a subsisting corporation so far as the records of this office show, as of
the date herein.



IN TESTIMONY WHEREOF, I have
hereunto set my hand and caused
the Seal of the Secretary's Office to
be affixed, the day and year above
written.

Recha A. Cantis

Secretary of the Commonwealth

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