

F180000000616

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

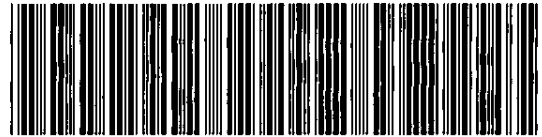
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/04/10--01011--016 **950.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 FEB -4 P 12:01

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W09 000053641

2-5-10
WGC



FLORIDA DEPARTMENT OF STATE
Division of Corporations

FILED
2010 FEB -4 P 12:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

January 6, 2010

JEFF PARO
HAWKINS, ASH, BAPTIE & CO, LLP
500 SOUTH 2ND ST., SUITE 200
LA CROSSE, WI 54601

SUBJECT: LOGISTICS HEALTH, INC.
Ref. Number: W10000000400

We have received your document for LOGISTICS HEALTH, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$950.00.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6995.

Wanda Cunningham
Regulatory Specialist II
New Filing Section

Letter Number: 310A00000309

RECEIVED
10 FEB - 4 PM 2:45
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

FILED
2010 FEB -4 P 12:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TO: New Filing Section
Division of Corporations

SUBJECT: Logistics Health, 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:

Jeff Paro

Name of Person

Hawkins, Ash, Baptie & Co, LLP

Firm/Company

500 South Second St, Suite 200

Address

La Crosse, WI 54601

City/State and Zip code

jparo@habco.com

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

For further information concerning this matter, please call:

Jeff Paro

Name of Person

at (608) 793-3115

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 CopCe ☐ \$87.50 Filing Fee, rtificate 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.

1. Logistics Health, 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. Wisconsin

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

3. _____

(FEI number, if applicable)

4. 09/17/1999

(Date of incorporation)

5. Perpetual

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

6. 01/01/2006

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

7. 328 Front Street South, La Crosse, WI 54601

(Principal office address)

328 Front Street South, La Crosse, WI 54601

(Current mailing address)

8. Health services

(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: NRAI Services, Inc.

Office Address: 2731 Executive Park Drive, Ste 4

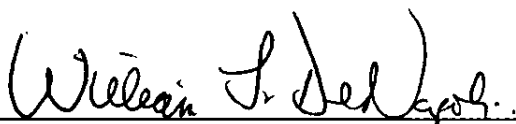
Weston, Florida 33331

(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)

William L. DeNapoli, 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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2010 FEB - 4 P 12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: See Statement 1

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: See statement 1

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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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. Thomas Walch, Vice President

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

Logistics Health, Inc.
Summary of Officers and Directors
Statement 1

<u>Name</u>	<u>Title</u>	<u>Address</u>	<u>City, State, Zip</u>
Donald Weber	CEO	328 Front Street South	La Crosse, WI 54601
Tommy Thompson	President	328 Front Street South	La Crosse, WI 54601
William Vandervennet, Jr.	Secretary	328 Front Street South	La Crosse, WI 54601
Brian Hafner	VP - RHRP	328 Front Street South	La Crosse, WI 54601
Thomas Walch	VP - Bus Op	328 Front Street South	La Crosse, WI 54601
Jonathan Goldstein	Director	328 Front Street South	La Crosse, WI 54601
Jason Werlin	Director	328 Front Street South	La Crosse, WI 54601
Wayne Lowell	Director	328 Front Street South	La Crosse, WI 54601
William Windenwerder	Director	328 Front Street South	La Crosse, WI 54601

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

United States of America
State of Wisconsin



DEPARTMENT OF FINANCIAL INSTITUTIONS

Division of Corporate & Consumer Services

To All to Whom These Presents Shall Come, Greeting:

I, RAY ALLEN, Deputy Administrator, Division of Corporate & Consumer Services, Department of Financial Institutions, do hereby certify that

LOGISTICS HEALTH, INC.

is a domestic corporation or a domestic limited liability company organized under the laws of this state and that its date of incorporation or organization is September 17, 1999.

I further certify that said corporation or limited liability company has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 180.1921, 181.1622 or 183.0120 Wis. Stats., and that it has not filed articles of dissolution.



IN TESTIMONY WHEREOF, I have hereunto set
my hand and affixed the official seal of the
Department on November 19, 2009.

RAY ALLEN, Deputy Administrator
Division Of Corporate & Consumer Services
Department of Financial Institutions

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Effective July 1, 1996, the Department of Financial Institutions assumed the functions previously performed by the Corporations Division of the Secretary of State and is the successor custodian of corporate records formerly held by the Secretary of State.

DFI/Corp/33

To validate the authenticity of this certificate

Visit this web address: <http://www.wdfi.org/apps/ccs/verify/>

Enter this code: **71832-80D49538**