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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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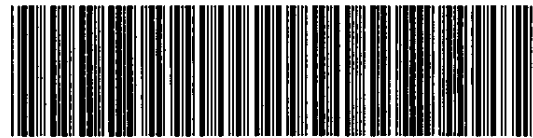
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2010 DEC -7 PM 3:50

FILED

DEC 9 2010

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Sacred Heart Clinic, 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:

Dr. Walter Seifert

Name of Person

Sacred Heart Clinic, Inc.

Firm/Company

3711 Grandewood Blvd. Apt. 1116

Address

Orlando, FL 32837

City/State and Zip code

wseifertmd@yahoo.com

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

For further information concerning this matter, please call:

Dr. Walter Seifert

Name of Person

at (530) 513-3614

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 9, 2010

DR. WALTER SEIFERT
3711 GRANDEWOOD BLVD APT 1116
ORLANDO, FL 32837

SUBJECT: SACRED HEART CLINIC, INC.
Ref. Number: W10000052443

We have received your document for SACRED HEART CLINIC, INC. and your check(s) totaling \$78.75. 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.

Please return 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) 245-6928.

Tim Burch
Regulatory Specialist II

Letter Number: 210A00026379

**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.

FILED
2010 DEC -7 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Dr. Seifert's Clinic, Inc.
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. California 3. 20-4915577
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. May 22, 2006 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. There was no business transacted prior to registration.
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 8751 Commodity Circle, Suite 15, Orlando, FL 32819
(Principal office address)

3711 Grandewood Blvd. Apt. 1116, Orlando, FL 32837
(Current mailing address)

8. Health Care
(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: Dr. Walter Seifert

Office Address: 3711 Grandewood Blvd. Apt. 1116

Orlando, Florida 32837
(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.

Walter Seifert
(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: Dr. Walter Seifert

Address: 3711 Grandewood Blvd. Apt. 1116
Orlando, FL 32837

Vice Chairman: Dr. Sonia Ramirez-Seifert

Address: 3711 Grandewood Blvd. Apt. 1116
Orlando, FL 32837

Director: Dr. Walter Seifert

Address: 3711 Grandewood Blvd. Apt. 1116
Orlando, FL 32837

Director: Dr. Sonia Ramirez-Seifert

Address: 3711 Grandewood Blvd. Apt. 1116
Orlando, FL 32837

B. OFFICERS

President: Dr. Walter Seifert

Address: 3711 Grandewood Blvd. Apt. 1116
Orlando, FL 32837

Vice President: Dr. Sonia Ramirez-Seifert

Address: 3711 Grandewood Blvd. Apt. 1116
Orlando, FL 32837

Secretary: Dr. Sonia Ramirez-Seifert

Address: 3711 Grandewood Blvd. Apt. 1116, Orlando, FL 32837

Treasurer: Dr. Walter Seifert

Address: 3711 Grandewood Blvd. Apt. 1116, Orlando, FL 32837

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

13. Walter Seifert
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. Dr. Walter Seifert (Director & President)

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

FILED
2010 DEC - 7 PM 3:50
CLERK OF STATE
TALLAHASSEE, FLORIDA

State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

SACRED HEART CLINIC, INC.

FILE NUMBER: C2895315
FORMATION DATE: 05/22/2006
TYPE: DOMESTIC CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

FILED
2010 DEC -7 PM 3:50
SECRETARY OF STATE
FALL ARCADE, 10660A

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 November 29, 2010.

Debra Bowen

DEBRA BOWEN
Secretary of State

JNG