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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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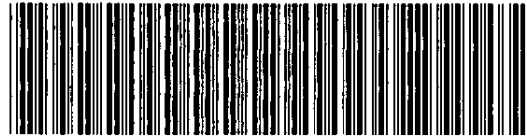
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2 Bush MAY 2 2011

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## COVER LETTER

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

**SUBJECT:** C.P.Q. Nurses, 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:

Herbert R. Donica, Esq.

Name of Person

Donica Law Firm, P.A.

Firm/Company

106 S. Tampania Avenue, Suite 250

Address

Tampa, Florida 33609

City/State and Zip code

herb@donicalaw.com

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

For further information concerning this matter, please call:

Herbert R. Donica

Name of Person

at ( 813 ) 878-9790

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

April 26, 2011

HERBERT R. DONICA, ESQ  
106 S TAMPA AVENUE STE 250  
TAMPA, FL 33609

SUBJECT: C.P.Q. NURSES, INC.  
Ref. Number: W11000023299

We have received your document for C.P.Q. NURSES, 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):

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: 511A00010084

**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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TALLAHASSEE, FLORIDA

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1. C.P.Q. Nurses, Inc.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")  
  
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Colorado 3. 84-0740001  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. July 20, 1977 5. Perpetual  
(Date of incorporation) (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. 106 S. Tampania Avenue, Suite 250, Tampa, FL 33609  
(Principal office address)

106 S. Tampania Avenue, Suite 250, Tampa, FL 33609  
(Current mailing address)

8. Any legal business  
(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: Herbert R. Donica

Office Address: 106 S. Tampania Ave., Suite 250

Tampa, Florida 33609  
(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: Arnold J. Brass

Address: 9674 East Arapahoe Road, Suite 178  
Greenwood Village, Colorado 80112-3757

Vice Chairman: \_\_\_\_\_

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

Director: Mary K. Brass

Address: 9674 East Arapahoe Road, Suite 178  
Greenwood Village, Colorado 80112-3757

Director: \_\_\_\_\_

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

**B. OFFICERS**

President: Arnold J. Brass

Address: 9674 East Arapahoe Road, Suite 178  
Greenwood Village, Colorado 80112-3757

Vice President: \_\_\_\_\_

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

Secretary: Mary K. Brass

Address: 9674 East Arapahoe Road, Suite 178, Greenwood Village, Colorado 80112-3757

Treasurer: Mary K. Brass

Address: 9674 East Arapahoe Road, Suite 178, Greenwood Village, Colorado 80112-3757

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

13. 

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. Arnold J. Brass, President

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OFFICE OF THE SECRETARY OF STATE  
OF THE STATE OF COLORADO

**CERTIFICATE**

I, Scott Gessler, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

**C.P.Q. NURSES INC.**

is a **Corporation** formed or registered on 07/20/1977 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 19871329737.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 04/25/2011 that have been posted, and by documents delivered to this office electronically through 04/28/2011 @ 07:58:57.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Denver, Colorado on 04/28/2011 @ 07:58:57 pursuant to and in accordance with applicable law. This certificate is assigned Confirmation Number 7932382.



A handwritten signature in black ink, appearing to read "Scott Gessler", is written over a horizontal line.

Secretary of State of the State of Colorado

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

\*\*\*\*\*End of Certificate\*\*\*\*\*

*Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Certificate Confirmation Page of the Secretary of State's Web site, <http://www.sos.state.co.us/biz/CertificateSearchCriteria.do> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, <http://www.sos.state.co.us/> click Business Center and select "Frequently Asked Questions."*