

F 11000003593

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

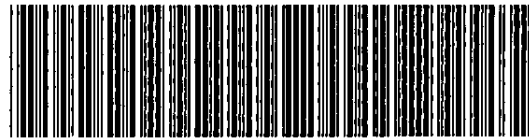
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200210827382

08/15/11--01045--001 **105.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2011 AUG 29 PM 4:41

W11000043399

9/9/11

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: INTERNATIONAL CARE MANAGEMENT SERVICES COMPANY

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:

Ronald S. Urkovich Esquire

Name of Person

Law Office of Ronald S. Urkovich

Firm/Company

2323 Wooster Lane, Suite 3

Address

Sanibel, FL 33957

City/State and Zip code

rsu@lawyer.com

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

For further information concerning this matter, please call:

Ronald S. Urkovich

Name of Person

at (239) 472-9082

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2011 AUG 29 PM 4:41



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2011 AUG 29 PM 4:41

FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 19, 2011

RONALD S. URKOVICH, ESQUIRE
2323 WOOSTER LANE
SUITE 3
SANIBEL, FL 33957

SUBJECT: INTERNATIONAL CARE MANAGEMENT SERVICES COMPANY
Ref. Number: W11000043398

We have received your document for INTERNATIONAL CARE MANAGEMENT SERVICES COMPANY and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

The use of LIMITED or LTD. is not sufficient as a corporate designation. The name must include a word such as INCORPORATED, INC., CORPORATION or CORP.

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) 245-6973.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 011A00019531

RECEIVED
11 AUG 29 PM 2:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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. INTERNATIONAL CARE MANAGEMENT SERVICES, LTD., INC.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

INTERNATIONAL CARE MANAGEMENT SERVICES COMPANY

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

2. Washington 3. 030486148
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 9/05/2002 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. July 25, 2011
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 4020 W. Gulf Drive, Sanibel, FL 33957
(Principal office address)

4020 W. Gulf Drive, Sanibel, FL 33957
(Current mailing address)

8. Consulting for development of nursing homes
(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: David Edwards

Office Address: 4020 W. Gulf Drive

Sanibel, Florida 33957
(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.

FILED
2011 AUG 29 PM 4:41
SECRETARY OF STATE
DIVISION OF CORPORATION

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

A. DIRECTORS

2011 AUG 29 PM 4:41

Chairman: David Edwards

Address: 4020 W. Gulf Drive, Sanibel, FL 33957

Vice Chairman: _____

Address: _____

Director: David Edwards

Address: 4020 W. Gulf Drive, Sanibel, FL 33957

Director: _____

Address: _____

B. OFFICERS

President: David Edwards

Address: 4020 W. Gulf Drive, Sanibel, FL 33957

Vice President: David Edwards

Address: 4020 W. Gulf Drive, Sanibel, FL 33957

Secretary: David Edwards

Address: 4020 W. Gulf Drive, Sanibel, FL 33957

Treasurer: David Edwards

Address: 4020 W. Gulf Drive, Sanibel, FL 33957

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. David Edwards

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

UNITED STATES OF AMERICA

The State of Washington



Secretary of State

I, SAM REED, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

**CERTIFICATE OF EXISTENCE/AUTHORIZATION
OF
INTERNATIONAL CARE MANAGEMENT SERVICES, LTD.**

I FURTHER CERTIFY that the records on file in this office show that the above named Profit Corporation was formed under the laws of the State of WA and was issued a Certificate Of Incorporation in Washington on 9/5/2002.

I FURTHER CERTIFY that as of the date of this certificate, INTERNATIONAL CARE MANAGEMENT SERVICES, LTD. remains active and has complied with the filing requirements of this office.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
2011 AUG 29 PM 4:41

Date: June 28, 2011

UBI: 602-232-088



Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Sam Reed, Secretary of State