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2011 OCT 18 AM 9:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Stivers OCT 19 2011

## COVER LETTER

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

**SUBJECT:** Accelecare Wound Professionals of Kansas, P.A.

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:

Derek Cole

Name of Person

Accelecare Wound Professionals of Kansas, P.A.

Firm/Company

10900 NE 4th Street, Suite 1920

Address

Bellevue, WA 98004

City/State and Zip code

dcole@accelecare.com

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

For further information concerning this matter, please call:

Derek Cole

Name of Person

at ( 425 ) 974-1206

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

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**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. Accelecare Wound Professionals of Kansas, P.A.

(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. Kansas

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

3. \_\_\_\_\_

(FEI number, if applicable)

4. 4/25/2011

(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. 10900 NE 4th Street, Suite 1920 Bellevue, WA 98004

(Principal office address)

10900 NE 4th Street, Suite 1920 Bellevue, WA 98004

(Current mailing address)

8. Practice of medicine and all services ancillary there to and any legal purpose

(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: InCorp Services, Inc.

Office Address: 17888 67th Court North

Loxahatchee, Florida 33470  
(City) (Zip code)

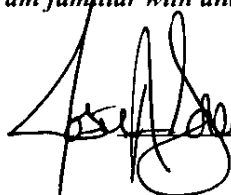
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10. Registered agent's acceptance:

*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.*

 on behalf of InCorp Services, Inc.  
(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: Arti B. Masturzo

Address: 10900 NE 4th Street, Suite 1920 Bellevue, WA 98004

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

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

**B. OFFICERS**

President: Arti B. Masturzo

Address: 10900 NE 4th Street, Suite 1920 Bellevue, WA 98004

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

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

Secretary: \_\_\_\_\_

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

Treasurer: \_\_\_\_\_

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

**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. Arti B. Masturzo, President

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

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TALLAHASSEE, FLORIDA

**STATE OF KANSAS**  
**OFFICE OF**  
**SECRETARY OF STATE**  
**KRIS W. KOBACH**

I, KRIS W. KOBACH, Secretary of State of the state of Kansas, do hereby certify, that according to the records of this office.

Business Entity ID Number: 4507109

Entity Name: ACCELECARE WOUND PROFESSIONALS OF KANSAS, P.A.

Entity Type: PROFESSIONAL ASSOCIATION

State of Organization: KS

Resident Agent: INCORP SERVICES, INC.

Registered Office: 534 S KANSAS AVE., SUITE 1000, TOPEKA, KS 66603

was filed in this office on April 25, 2011, and is in good standing, having fully complied with all requirements of this office.

No information is available from this office regarding the financial condition, business activity or practices of this entity.



In testimony whereof I execute this certificate and affix the seal of the Secretary of State of the state of Kansas on this day of October 04, 2011

**KRIS W. KOBACH**  
**SECRETARY OF STATE**

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**2011 OCT 18 AM 9:47**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

Certificate ID: 488972 - To verify the validity of this certificate please visit <https://www.kansas.gov/bess/flow/validate> and enter the certificate ID number.