

**F120000001461**

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
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From: Account Name : CORPDIRECT AGENTS, INC.  
Account Number : 110450000714  
Phone : (850) 222-1173  
Fax Number : (850) 224-1640

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

**FOREIGN PROFIT/NONPROFIT CORPORATION  
FIRST CHOICE HEALTHCARE SOLUTIONS, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	04
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12 APR -4 AM 11:45

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MRD4/5/12

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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. First Choice Healthcare Solutions, Inc.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Ino.," "Co.," or "Corp.")

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

2. Delaware 3. 90-0687379  
(State or country under the law of which it is incorporated) (FBI number, if applicable)

4. 12/14/2011 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. 709 South Harbor City Blvd., Suite 250  
(Principal office address)

Melbourne, FL 32901  
(Current mailing address)

8. Healthcare 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: CorpDirect Agents, Inc.

Office Address: 515 East Park Avenue

Tallahassee, Florida 32301  
(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.

*Katie Wonsch*

(Registered agent's signature) Katie Wonsch

Assistant 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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12. Names and business addresses of officers and/or directors: 12 APR -4 AM 11:45

A. DIRECTORS

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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

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

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

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

Director: Christian C. Romandetti

Address: 709 South Harbor City Blvd., Suite 250

Melbourne, FL 32901

Director: Donald A. Bittar

Address: 709 South Harbor City Blvd., Suite 250

Melbourne, FL 32901

B. OFFICERS

President: Christian C. Romandetti

Address: 709 South Harbor City Blvd., Suite 100

Melbourne, FL 32901

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

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

Secretary: Donald A. Bittar

Address: 709 South Harbor City Blvd., Suite 250, Melbourne, FL 32901

Treasurer: Donald A. Bittar

Address: 709 South Harbor City Blvd., Suite 250, Melbourne, FL 32901

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. Christian C. Romandetti, President

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

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# Delaware

The First State

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FIRST CHOICE HEALTHCARE SOLUTIONS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTH DAY OF APRIL, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FIRST CHOICE HEALTHCARE SOLUTIONS, INC." WAS INCORPORATED ON THE FOURTEENTH DAY OF DECEMBER, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



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You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 9479926

DATE: 04-04-12

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