

F12000000/508

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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12 APR -6 AM 11:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRD
4/9/12

11/11 56893

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Healthcare Corporation of America, 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:

Ruth Ackerman

Name of Person

Healthcare Corporation of America, Inc.

Firm/Company

66 Ford Road, Suite 230

Address

Denville, NJ 07834

City/State and Zip code

rackerman@hca-pca.com

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

For further information concerning this matter, please call:

Ruth Ackerman

Name of Person

at (973) 983-6300 x110

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

RECEIVED
12 FEB -7 PM 4:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

November 8, 2011

RUTH ACKERMAN
HEALTHCARE CORPORATION OF AMERICA, INC.
66 FORD ROAD, SUITE 230
DENVER, NJ 07834

SUBJECT: HEALTHCARE CORPORATION OF AMERICA, INC.
Ref. Number: W11000056893

We have received your document for HEALTHCARE CORPORATION OF AMERICA, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

Simply adding "of Florida" or "Florida" to the end of a name is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6879.

Ruby Dunlap
Regulatory Specialist II

Letter Number: 911A00025345



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 8, 2012

RUTH ACKERMAN
HEALTHCARE CORPORATION OF AMERICA, INC.
66 FORD ROAD, SUITE 230
DENVER, NJ 07834

SUBJECT: HCA, INC.
Ref. Number: W12000007672

We have received your document for HCA, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

Simply adding "of Florida" or "Florida" to the end of a name is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6879.

Ruby Dunlap
Regulatory Specialist II

Letter Number: 912A00005490

Ruth Ackerman
Healthcare Corporation of America, Inc.
66 Ford Road, Suite 230
Denville, NJ 07834
973-983-6300 x110

RECEIVED
12 APR -6 AM 11:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Ms. Ruby Dunlap
Regulatory Specialist II
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

April 2, 2012

Re: Ref. Number W12000007672 and Letter Number 912A00005490

Dear Ms. Dunlap;

Attached is our re-application for authorization to transact business in Florida. I'm attaching your letter dated February 8, 2012 where our second application was rejected. We have selected HCA-PCA Prescriptions, Inc. as an alternative under line 1. I have also attached our State of New Jersey Short Form statement of good standing.

We sent the filing fee with our original application. Please let me know if you have any questions or if any additional payment is required. Thanks in advance for your assistance in this matter.

Sincerely yours,



Ruth Ackerman,
Healthcare Corporation of America, Inc.

**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. Healthcare Corporation of America, Inc.

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

HCA-PCA Prescriptions, Inc.

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

2. New Jersey

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

3. 26-2071625

(FEI number, if applicable)

4. 2/26/2008

(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. 66 Ford Road, Suite 230, Denville, NJ 07834

(Principal office address)

66 Ford Road, Suite 230, Denville, NJ 07834

(Current mailing address)

8. Pharmacy Benefits Management

(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: Richard Venditti

Office Address: 500 East Tarpon Ave.

Tarpon Springs

(City)

, Florida 34689

(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
12 APR - 6 AM 11:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

12 APR -6 AM 11:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: Gary Sekulski

Address: 56 Kevin Drive, Flanders, NJ 07838

Vice Chairman: _____

Address: _____

Director: Joseph Drucker

Address: 43 Saw Grass St., Jackson, NJ 08527-4023

Director: _____

Address: _____

B. OFFICERS

President: Gary Sekulski

Address: 56 Kevin Drive, Flanders, NJ 07838

Vice President: _____

Address: _____

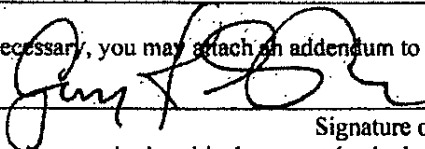
Secretary: Joseph Drucker

Address: 43 Saw Grass St., Jackson, NJ 08527-4023

Treasurer: Gary Sekulski

Address: 56 Kevin Drive, Flanders, NJ 07838

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. Gary Sekulski, President & CEO

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

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
SHORT FORM STANDING**

HEALTHCARE CORPORATION OF AMERICA

0100989709

FILED
12 APR -6 AM 11:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Profit Corporation was registered by this office on February 26, 2008.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and registered office are:

*Joseph Drucker, Esq
43 Sawgrass St
Jackson, NJ 08527*



Certification# 122927186

*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed my
Official Seal at Trenton, this
2nd day of February, 2012*

A handwritten signature in black ink, appearing to read "Andrew P. Sidamon-Eristoff".

*Andrew P Sidamon-Eristoff
State Treasurer*

Verify this certificate at
https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp