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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : CORPORATION SERVICE COMPANY
Account Number : 120000000195
Phone : (850) 521-0821
Fax Number : (850) 558-1515

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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DIVISION OF CORPORATIONS

**FOREIGN PROFIT/NONPROFIT CORPORATION
PATIENT PROVIDER ALLIANCE, INC.**

Certificate of Status	0
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Estimated Charge	\$70.00

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TALLAHASSEE, FLORIDA

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5/29/12

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Patient Provider Alliance, 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:

Cynthia Watts

Name of Person

Patient Provider Alliance, Inc.

Firm/Company

2118 Wilshire Blvd., #1068

Address

Santa Monica, CA 90403

City/State and Zip code

licensing@patientprovideralliance.com

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

For further information concerning this matter, please call:

Angela Ku

at (310) 883-2338

Name of Person

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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DIVISION OF CORPORATIONS

**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. Patient Provider Alliance, Inc.

(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. Delaware

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

3. 80-0818758

(FEI number, if applicable)

4. 05/18/2012

(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. 2118 Wilshire Blvd., #1068, Santa Monica, CA 90403

(Principal office address)

same

(Current mailing address)

The Corporation is organized to engage in any lawful business. Pursuant to applicable state law, the Corporation plans to obtain a Discount Medical Plan Organization

8. ~~license to enable consumers to access participating providers at contractually obligated discounts.~~

(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: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee

(City)

, Florida 32301

(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.

Stephanie Milnes Stephanie K. Milnes
Assistant Vice President

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:

A. DIRECTORSChairman: Jake WinebaumAddress: 2118 Wilshire Blvd., #1068, Santa Monica, CA 90403Vice Chairman: Jason SzczukaAddress: 2118 Wilshire Blvd., #1068, Santa Monica, CA 90403Director: Cynthia WattsAddress: 2118 Wilshire Blvd., #1068, Santa Monica, CA 90403

Director: _____

Address: _____

B. OFFICERSPresident: Jake WinebaumAddress: 2118 Wilshire Blvd., #1068, Santa Monica, CA 90403Vice President: Jason SzczukaAddress: 2118 Wilshire Blvd., #1068, Santa Monica, CA 90403Secretary: Cynthia WattsAddress: 2118 Wilshire Blvd., #1068, Santa Monica, CA 90403Treasurer: Cynthia WattsAddress: 2118 Wilshire Blvd., #1068, Santa Monica, CA 90403**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. Cynthia Watts, Secretary

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

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PATIENT PROVIDER ALLIANCE, 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 TWENTY-FOURTH DAY OF MAY, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PATIENT PROVIDER ALLIANCE, INC." WAS INCORPORATED ON THE EIGHTEENTH DAY OF MAY, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

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You may verify this certificate online
at corp.delaware.gov/authver.shtml




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 9596699

DATE: 05-24-12