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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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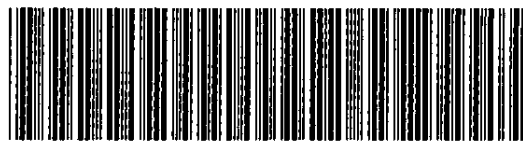
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: PreCare, 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:

James L. Webb

Name of Person

PreCare, Inc.

Firm/Company

9000 E. Nichols Ave., Suite 201

Address

Centennial, CO 80112

City/State and Zip code

Support@precareinc.com

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

For further information concerning this matter, please call:

James L. Webb

Name of Person

at (303) 647-1396

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

**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. PreCare, 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. California 3. 91-2075626
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. October 10, 2001 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. Waiting for Acceptance of this Application
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 9000 E. Nichols Ave., Suite 201, Centennial, CO 80112
(Principal office address)

9000 E. Nichols Ave., Suite 201, Centennial, CO 80112
(Current mailing address)

8. On-site prevention and physical therapy treatment of occupational and non-occupational injuries.
(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: NRAI Services, 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.*

By: Xonda Diven, Assistant Secretary
(Registered agent's signature) **Xonda Diven, 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:

A. DIRECTORS

Chairman: Sara Craig

Address: 441 York Court, Sonoma, CA 95476

Vice Chairman: _____

Address: _____

Director: Stephen C. Brown

Address: 1076 Michener Way, Highlands Ranch, CO 80126

Director: Mike Heffernan

Address: 1350 Carlback Ave., #200, Walnut Creek, CA 94596

B. OFFICERS

President: Stephen C. Brown

Address: 1076 Michener Way, Highlands Ranch, CO 80126

Vice President: Mike Heffernan

Address: 1350 Carlback Ave., #200, Walnut Creek, CA 94596

Secretary: Stephen C. Brown

Address: 1076 Michener Way, Highlands Ranch, CO 80126

Treasurer: James L. Webb

Address: 8753 Wildrose Ct., Highlands Ranch, CO 80126

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. James L. Webb, Chief Financial Officer

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

PreCare, Inc.

Addendum to the Florida Application by Foreign Corporation to Transact Business in Florida

Additional Officers & Directors

OFFICERS

Chief Executive Officer	Stephen C. Brown	1076 Michener Way, Highlands Ranch, CO 80126
Executive Vice President	Sara Craig	441 York Court, Sonoma, CA 95476

DIRECTORS

Director	Loyd Hudson	777 Hopewell Drive, Heath, OH 43056
Director	Janine Kral	1700 7 th Avenue #1000, Seattle, WA 98101
Director	Richard Lawrence	777 Calle De La Mesa, Novato, CA 94949
Director	James Young	9000 E. Nichols Ave., Ste. 201, Centennial, CO 80112

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State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

PRECARE, INC.

FILE NUMBER: C2363853
FORMATION DATE: 10/10/2001
TYPE: DOMESTIC CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

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I, DEBRA BOWEN, Secretary of State of the State of California,
hereby certify:

The records of this office indicate the entity is authorized to
exercise all of its powers, rights and privileges in the State of
California.

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



IN WITNESS WHEREOF, I execute this certificate
and affix the Great Seal of the State of
California this day of July 24, 2012.

Debra Bowen

DEBRA BOWEN
Secretary of State

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