

F120000004326

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

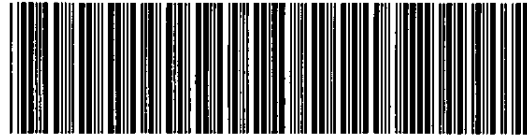
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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October 17, 2012

Florida Division of Corporations

PO Box 6327

Tallahassee, FL 32314

Re: Specialty Therapeutic Care Holdings, Inc.

Dear Division of Corporations,

Attached please find the application to transact business for Specialty Therapeutic Care Holdings, Inc. Included in this application is check # 020819 in the amount of \$87.50 for the processing fee. Please don't hesitate to contact me with any questions or concerns at 407-903-1308 ext. 1034 or licensing@acariahealth.com.

Sincerely,



Renee Crain

Contract Administrator

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Specialty Therapeutic Care Holdings, 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:

Renee Crain

Name of Person

Specialty Therapeutic Care Holdings, Inc.

Firm/Company

6923 Lee Vista Blvd. Suite 300

Address

Orlando, FL. 32822

City/State and Zip code

licensing@acariahealth.com

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

For further information concerning this matter, please call:

Renee Crain

Name of Person

at (407) 903-1308 x 1034

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. Specialty Therapeutic Care Holdings, 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. 27-361776

(FEI number, if applicable)

4. 10-5-2010

(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. 6923 Lee Vista Blvd. Suite 300 Orlando, FL. 32822

(Principal office address)

(Current mailing address)

8. Management Company

(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 Ave.

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.



(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.

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

A. DIRECTORS

Chairman: Donald Howard

Address: 6923 Lee Vista Blvd., Suite 300
Orlando, FL. 32822

Vice Chairman: Jeffrey Fisher

Address: 6923 Lee Vista Blvd., Suite 300
Orlando, FL. 32822

Director: Matthew Angell

Address: 6923 Lee Vista Blvd., Suite 300
Orlando, FL. 32822

Director: Michael Fisher

Address: 601 Lexington Ave. 55th Floor
New York, NY 10022

B. OFFICERS

President: Christopher Garcia

Address: 601 Lexington Ave. 55th Floor
New York, NY 10022

Vice President: Samarth Chandra

Address: 601 Lexington Ave. 55th Floor
New York, NY 10022

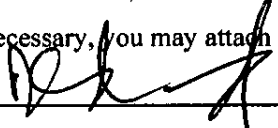
Secretary: Kenton Rosenberry

Address: 601 Lexington Ave. 55th Floor, New York, NY 10022

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. Donald Howard, CEO

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

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SPECIALTY THERAPEUTIC CARE HOLDINGS, 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 THIRD DAY OF OCTOBER, A.D. 2012.


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


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 9890086

DATE: 10-03-12