

F1400000913

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1

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W14-7868



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14 FEB 26 4 9:39
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2-28-14



CORRECTIONAL™
HEALTHCARE COMPANIES

6200 S. Syracuse Way, Suite 440, Greenwood Village, CO 80111

www.correctioncare.com

866.246.5245

February 25, 2014

Sent Via Federal Express

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

**Re: Darlene M. Clark, D.M.D., P.C. initial application
and future dba Correctional Healthcare Dentists, II, P.A.**

To whom it may concern:

As requested and per your letter of February 6, 2014, I have enclosed my corrected original and one copy of the enclosure including your original letter.

Please note that since the original filing of this document, our registered agent has changed to Corporation Service Company, which I've indicated on the attachment.

I understand we do not need to file additional paperwork for a fictitious filing and that this information will suffice.

We thank you in advance for handling our filing and appreciate all our fellow state agencies who assist us in our filing endeavors.

Have a wonderful day ☺.

Best regard,

Debra Smyth

Risk Management and Compliance Analyst

CHC | Correctional Healthcare Companies

6200 S. Syracuse Way #440, Greenwood Village, CO 80111

Phone: 720.622-8037 | Toll Free: 866.246.5245



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 6, 2014

DEBRA SMYTH
DARLENE M. CLARK, DMD, P.C.
6200 S SYRACUSE WAY, STE 440
GREENWOOD VILLAGE, CO 80111

SUBJECT: DARLENE M. CLARK, DMD, P.C.
Ref. Number: W14000007868

We have received your document for DARLENE M. CLARK, DMD, P.C. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The only acceptable words for designation as a professional association are PROFESSIONAL ASSOCIATION, P.A., and CHARTERED.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Sylvia Gilbert
Regulatory Specialist II
New Filing Section

Letter Number: 514A00002726

RECEIVED
14 FEB 26 PM 12:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Darlene M. Clark, DMD, P.C.

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:

Debra Smyth

Name of Person

Darlene M. Clark, DMD, P.C.

Firm/Company

6200 S Syracuse Way, Suite 440,

Address

Greenwood Village, Colorado, 80111

City/State and Zip code

debra.smyth@correctioncare.com

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

For further information concerning this matter, please call:

Debra Smyth

Name of Person

at (720) 622-8037

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.

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
14 FEB 26 AM 9:39

1. Danlene M. Clark, DMD, P.C. P.A.
(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. MISSOURI 3. 27-517 9017
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 3-4-2011 5. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. na
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 6200 S. Syracuse Way, Ste 440, Greenwood Village, CO 80111
(Principal office address)
6200 S. Syracuse Way, Ste 440, Greenwood Village, CO 80111
(Current mailing address)

8. Provide dental care for the incarcerated
(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, 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.

Corporation Service Company

By:  Krista Swenson, Assistant Vice President
(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.

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: _____

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.  1/27/14

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. Darlene Clark, DMD 1/27/14

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

Darlene L. Clark, DMD, P.C.

*d/b/a in Missouri under Correctional Healthcare Dentists II, P.C.,
Incorporated in Missouri as a P.C. March 4, 2011*

Darlene Clark, D.M.D.
913 East Seminary
Bunker Hill, IL 62014

President, Treasurer and Sole Shareholder

W. Bradley Bickham
6200 S. Syracuse Way, Suite 440
Greenwood Village, CO 80111

Secretary

STATE OF MISSOURI



Jason Kander
Secretary of State

CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING

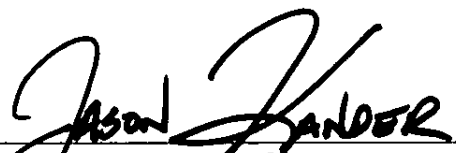
I, JASON KANDER, Secretary of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

DARLENE L. CLARK, DMD, P.C.
P01124324

was created under the laws of this State on the 4th day of March, 2011, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I have set my hand and imprinted the GREAT SEAL of the State of Missouri, on this, the 24th day of January, 2014




Secretary of State

Certification Number: 15860625-1 Reference:
Verify this certificate online at <https://www.sos.mo.gov/businessentity/soskb/verify.asp>