

F14 000001337

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

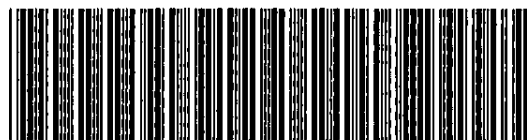
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500257633065

03/10/14--01039--013 **78.75

FILED
MAR 25 PM 4:05
SECRETARY OF STATE
TALLAHASSEE FLORIDA

W14-16454

MAR 26 2014

J. BRYAN

414A-5570

February 24, 2014

DEPARTMENT OF STATE
NEW FILING SECTION
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

FILED
14 MAR 25 PM 4:05
SECRETARY OF STATE
TALLAHASSEE FLORIDA

**SUBJECT: CORPORACIN PUERTORRIQUENA DE SALUD
FOREIGN CORPORATION REGISTERED IN PUERTO RICO**

Enclosed is the "Application by Foreign Corporation for Authorization to Transact Business in Florida", the "Certificate of Good Standing" and check for \$78.75 for the filing fee & Certificate of Status to register for the above referenced corporation.

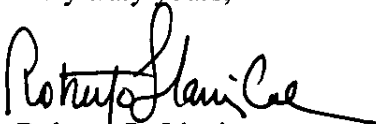
NOTE: There is no such thing as an Original for the "Certificate of Good Standing". I downloaded from the Puerto Rico Department of State's website and printed at home.

Please return the certified copies and certificate of status to the following:

Roberto R. Llavina
389 Hanging Moss Cir
Lake Mary, FL 32746-6255
(407) 432-9696
rollavina@gmail.com

If you have any questions or concerns, please do not hesitate to contact us at 407-432-9696 or via email at rollavina@gmail.com at your earliest convenience.

Very truly yours,


Roberto R. Llavina

Enclosures

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: CORPORACION PUERTORRIQUENA DE SALUD

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:

ROBERTO R. LLAVINA, ESQ.

Name of Person

CORPORACION PUERTORRIQUENA DE SALUD

Firm/Company

389 HANGING MOSS CIR

Address

LAKE MARY, FL 32746-6255

City/State and Zip code

rollavina@gmail.com

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

For further information concerning this matter, please call:

Roberto R. Llavina

407

432-9696

at ()

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 14, 2014

ROBERTO R. LLAVINA, ESQ.
CORPORACION PUERTORRIQUENA DE SALUD
389 HANGING MOSS CIR.
LAKE MARY, FL 32746-6255

SUBJECT: CORPORACION PUERTORRIQUENA DE SALUD
Ref. Number: W14000016454

We have received your document for CORPORACION PUERTORRIQUENA DE SALUD and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return 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.

Joey Bryan
Regulatory Specialist II Supervisor

Letter Number: 414A00005570

RECEIVED

14 MAR 26 AM 10:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

14 MAR 25 PM 4:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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.*

CORPORACION PUERTORRIQUENA DE SALUD, INC.

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

FILED
JUN 25 PM 4:06
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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

PUERTO RICO

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

JULY 12, 2002

PERPETUAL

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

SAME DAY AS REGISTRATION

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

389 HANGING MOSS CIR, LAKE MARY, FL 32746

7. _____
(Principal office address)
389 HANGING MOSS CIR, LAKE MARY, FL 32746-6255

(Current mailing address)

HEALTH SERVICES AND ANY OTHER AUTHORIZED BY LAW

8. _____
(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: **ROBERTO R. LLAVINA, ESQ.**

Office Address: **389 HANGING MOSS CIR**

LAKE MARY

32746


(City)

, Florida

(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.

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

A. DIRECTORS

ROBERTO R. LLAVINA, ESQ.

Chairman:

389 HANGING MOSS CIR, LAKE MARY, FL 32746

Address:

JOAQUIN RODRIGUEZ

Vice Chairman:

PO BOX 7589, CAGUAS, PR 00726-7589

Address:

ARMANDO J. RODRIGUEZ

Director:

PO BOX 7589, CAGUAS, PR 00726-7589

Address:

ALFREDO BEAUCHAMP SIERRA, M.D.

Director:

PO BOX 7589, CAGUAS, PR 00726-7589

Address:

B. OFFICERS

ROBERTO R. LLAVINA, ESQ.

President:

389 HANGING MOSS CIR, LAKE MARY, FL 32746-6255

Address:

JOAQUIN RODRIGUEZ, JR.

Vice President:

PO BOX 7589, CAGUAS, PR 00726-7589

Address:

ALFREDO BEAUCHAMP, M.D.

Secretary:

PO BOX 7589, CAGUAS, PR 00726-7589

Address:

ARMANDO J. RODRIGUEZ

Treasurer:

PO BOX 7589, CAGUAS, PR 00726-7589

Address:

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

13.

Roberto Llavina

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.

Roberto R. Llavina, President of Registered Agent

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



Commonwealth of Puerto Rico
DEPARTMENT OF STATE
San Juan, Puerto Rico

CERTIFICATE OF GOOD STANDING

I, **DAVID E. BERNIER RIVERA**, Secretary of State of the Commonwealth of Puerto Rico,

CERTIFY: That, **CORPORACION PUERTORRIQUEÑA DE SALUD**, register number **129136**, a for profit domestic corporation, organized under the laws of Puerto Rico, has complied with the filing of its Annual Reports.



IN WITNESS WHEREOF, the undersigned by virtue of the authority vested by law, hereby issues this certificate and affixes the Great Seal of the Commonwealth of Puerto Rico, in the City of San Juan, Puerto Rico, today, **January 16, 2014**.

A handwritten signature in black ink, appearing to read 'David E. Bernier Rivera'.

DAVID E. BERNIER RIVERA
Secretary of State

To validate this certificate go to: <http://www.estado.gobierno.pr>

This certificate can be validated up to 2 times before its expiration date of 16-Apr-2014.

Certificate Validation Number: **61737-94929650**