

F150000000321

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

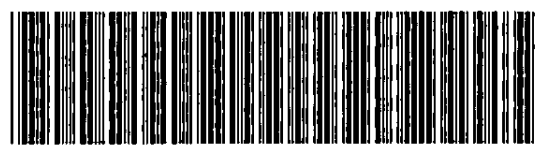
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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 24, 2014

BARBARA STEINBERG  
MEDICAID ASSISTANTS INC.  
780 5TH AVENUE S, SUITE 200  
NAPLES, FL 34102

SUBJECT: MEDICAID ASSISTANTS INC.  
Ref. Number: W14000075948

We have received your document for MEDICAID ASSISTANTS INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Foreign corporations can not have an effective date.,

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.

Tyrone Scott  
Regulatory Specialist II  
New Filings Section

Letter Number: 814A00027086

**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Medicaid Assistants 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:

Barbara Steinberg

Name of Person

Medicaid Assistants Inc.

Firm/Company

780 5th Avenue S, Suite 200

Address

Naples, FL 34102

City/State and Zip code

bsteinberg@blseldercare.com

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

For further information concerning this matter, please call:

Barbara Steinberg at ( 239 ) 449-9890

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

**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. **Medicaid Assistants Inc.**

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

**BLS Medicaid Assistants Inc.**

(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. **47-2256567**

(FEI number, if applicable)

4. \_\_\_\_\_

(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. **780 5th Avenue S, Suite 200, Naples, FL 34102**

(Principal office address)

**780 5th Avenue S, Suite 200, Naples, FL 34102**

(Current mailing address)

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8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

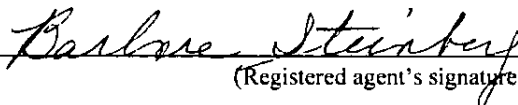
Name: **Barbara Steinberg**

Office Address: **7045 Sierra Club Circle, Apt 4409**

**Naples**, Florida **34113**  
(City) (Zip code)

9. **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)

10. 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.

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

**A. DIRECTORS**

Chairman: Barbara Steinberg

Address: 7045 Sierra Club Circle, Suite 200  
Naples, FL 34113

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: Barbara Steinberg

Address: 7045 Sierra Club Circle, Apt 4409  
Naples, FL 34113

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Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: Barbara Steinberg

Address: 7045 Sierra Club Circle, Apt 4409, Naples, FL 34113

Treasurer: Barbara Steinberg

Address: 7045 Sierra Club Circle, Apt 4409, Naples, FL 34113

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

12. *Barbara Steinberg*

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.

13. Barbara Steinberg, President

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

# Delaware

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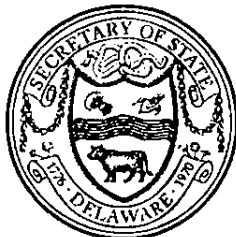
*The First State*


I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MEDICAID ASSISTANTS 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 TWENTIETH DAY OF NOVEMBER, A.D. 2014.

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You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)



  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 1887021

DATE: 11-20-14