

F15000002394

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

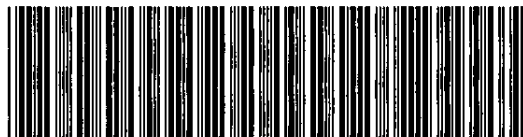
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300272339043

05/01/15--01007--004 **78.75

15 JUN - 1 AM 9:55
Filing Office

W115-32430

WMD 6/3

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: CareOnSite, 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:

Susana Gagliano

Name of Person

CareOnSite, Inc.

Firm/Company

1250 Pacific Ave.

Address

Long Beach, CA 90813

City/State and Zip code

susanag@careonsite.com

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

For further information concerning this matter, please call:

Susana Gagliano

Name of Person

at (562) 437-0831 x 2715

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:

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> \$70.00 Filing Fee | <input checked="" type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee,
Certificate of Status &
Certified Copy |
|---|---|---|---|



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 7, 2015

SUSANA GAGLIANO
1250 PACIFIC AVE.
LONG BEACH, CA 90813

SUBJECT: CAREONSITE, INC.
Ref. Number: W15000032430

We have received your document for CAREONSITE, INC. 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 entity's date of incorporation/organization must be listed in the document.

The date listed on line #4 must match the date of incorporation on the Certificate of Status.

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

The registered agent must sign accepting the designation.

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.

Maryanne Dickey
Regulatory Specialist II

Letter Number: 915A00009542



1250 Pacific Ave.
Long Beach, CA 90813
Ph# (562) 437-0831

Florida Department of State
Division of Corporations
Maryanne Dickey
Regulatory Specialist II
P.O. BOX 6327
Tallahassee, FL 32314

Subject: CareOnSite, Inc.
Reference Number: W15000032430
Letter Number: 915A00009542

May 27, 2015

To Whom It May Concern,

I am writing on behalf of CareOnSite, Inc. in response to the letter referenced above (see copy attached).

The letter in question stated that our entity's date of incorporation on our Cover Letter must match the date of incorporation that is listed on our Certificate of Status. I have corrected our Cover Letter to show the correct date and have also attached it to this letter.

Also, the letter states that our entity cannot serve as its own registered agent. The new Cover Letter attached is signed by our registered agent located in the state of Florida (copy, not original). We ask that you please accept a copy of their signature.

Please let me know if there are any other documents or forms we will need to submit in order to complete our application as a Foreign For-Profit Corporation.

Sincerely,

Susana P. Gagliano
Accounting Assistant
CareOnSite, Inc.
1250 Pacific Ave.
Long Beach, CA 90813
(562) 437-0831 ext. 2715

RECEIVED
15 JUN -1 PM 1:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: CareOnSite, Inc.

Name of corporation - must include suffix

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Address

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City/State and Zip code

susanag@careonsite.com

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

For further information concerning this matter, please call:

Susana Gagliano

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562

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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. CareOnSite, 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

(State or country under the law of which it is incorporated)

3. 95-3427723

(FEI number, if applicable)

4. March 30, 1977

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. April 27, 2015

(Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1250 Pacific Ave., Long Beach, CA 90813

(Principal office address)

1250 Pacific Ave., Long Beach, CA 90813

(Current mailing address)

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

Name: Kristin Patterson

Office Address: 13350 US Hwy 19 North

Clearwater

(City)

Florida 33764

(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.

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

A. DIRECTORS

Chairman: Dr. Helen Tang
Address: 1250 Pacific Ave.
Long Beach, CA 90813

Vice Chairman: Dr. C. Brian Tang
Address: 1250 Pacific Ave.
Long Beach, CA 90813

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Dr. Helen Tang
Address: 1250 Pacific Ave.
Long Beach, CA 90813

Vice President: Dr. C. Brian Tang
Address: 1250 Pacific Ave.
Long Beach, CA 90813

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

12. 
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. Dr. Helen Tang President

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

State of California
Secretary of State

CERTIFICATE OF STATUS

15 JUN - 1 AM 9:55
State of California
Office of the Secretary of State
1111 L Street, Suite 1100
Sacramento, CA 95833

ENTITY NAME:

CAREONSITE, INC.

FILE NUMBER: C0793571
FORMATION DATE: 03/30/1977
TYPE: DOMESTIC CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

I, ALEX PADILLA, 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 April 23, 2015.

ALEX PADILLA
Secretary of State

MAK