

F15000004172

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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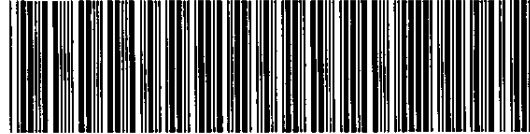
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2015 SEP 21 AM 9:48
CLERK OF SUPERIOR COURT
ALBUQUERQUE, NEW MEXICO

W. G. G. SEP 21 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PATIENT ADVOCATE SERVICES, INC.

Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

KIM PETRO-MCCRUM

Name of Person

PATIENT ADVOCATE SERVICES, INC

Firm/Company

3204 LORI LANE

Address

NEW PORT RICHEY, FL 34655

City/State and Zip Code

PATIENTADVOCATE123@GMAIL.COM

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

For further information concerning this matter, please call:

KIM PETRO-MCCRUM

Name of Person

727
at ()
Area Code

372-0567

Daytime Telephone Number

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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 NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO
CONDUCT ITS AFFAIRS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN
THE STATE OF FLORIDA:*

PATIENT ADVOCATE SERVICES, INC.

1. _____
(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

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

2. NEW YORK STATE 3. 37-1708292
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 11/29/2012 5. PERPETUAL
(Date of Incorporation) (Date of duration, if other than perpetual)

6. N/A
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)
7. 3204 LORI LANE, NEW PORT RICHEY, FL 34655
(Principal office address)

(Current mailing address, if different)

8. SEE ATTACHED
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

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

Name: KIM PETRO-MCCRUM
Office Address: 3204 LORI LANE
NEW PORT RICHEY, Florida 34655
(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.


(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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2015 SEP 21 AM 9:48
STATE
TALLAHASSEE, FLORIDA

12. Names and addresses of officers and/or directors

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: RENEE MAYS

Address: 10707 EVENINGWOOD CT

TRINITY, FL 34655

Director: CHET PIETRAS

Address: 7135 STATE RD 52, STE 103

BAYONET POINT, FL 34667

B. OFFICERS

President: KIM PETRO-MCCRUM

Address: 3204 LORI LANE

NEW PORT RICHEY, FL 34655

Vice President: DAYNA STITELER

Address: 24 WILLIAMS STREET

NEWBURGH, NY 12550

Secretary: SANDRA P. HART

Address: 1215 LORETTO CIRCLE, ODESSA, FL 33556

Treasurer: CHARLENE FINERTY

Address: 41 VINCENT DR., MIDDLETOWN, NY 10940

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

13. N/A
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

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

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2015 SEP 21 AM 9:48
CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
THE NINTH JUDICIAL CIRCUIT
TALLAHASSEE, FLORIDA

Patient Advocate Services, Inc.
37-1708292

PASI Activities

8. Patient Advocate Services, Inc. is formed to provide services to patients and their caregivers to manage their medical bills. This is done by providing the following services: review of bills from healthcare providers, review of explanation of benefit forms, completion of reimbursement forms, and follow-up communications with providers.

Sept 2015

FILED
2015 SEP 21 AM 9:48
CLERK OF DISTRICT COURT
HALL COUNTY, FLORIDA

11.

State of New York
Department of State } ss:

I hereby certify, that the Certificate of Incorporation of PATIENT ADVOCATE SERVICES, INC. was filed on 11/29/2012, as a Not-for-Profit Corporation and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.



*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 10th day of September two
thousand and fifteen.*

Anthony Giardina

Executive Deputy Secretary of State