## F15000004317

(Re	questor's Name)			
(Address)				
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(Cit	ry/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
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SECRETARY OF STATE

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**S MASON** 

## **COVER LETTER**

TO: Registration Section Division of Corporati PatientTrac Co.				
SUBJECT:	·P			
	Name of corporation	- must include suffix		
Dear Sir or Madam:				
The enclosed "Application by "Certificate of Existence," or above referenced foreign corp	"Certificate of Good Star	nding" and check are sub		
Please return all corresponder H. Wayne Hayes Jr.	ace concerning this matte	r to the following:		
	Name of	Person		
PatientTrac Corp				
975 Arthur Godfre	Firm/Con y Road, Suite 401	npany		
Miami Beach, Flor	Addr ida 33140	ess		
wayne@patienttrac		nd Zip code		
É-1	nail address: (to be used	for future annual report r	otification)	
For further information conce	rning this matter, please	call:		
H Wayne Hayes Jr	305	428-8326	428-8326	
Name of Person	at ( Area Cod	e Daytime Telepl	none Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		Registration S Division of Co P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a check for the fo	llowing amount:			
	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.

	orporation; must include "INCORPORATED," "orp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORAT	ion,"	
(If name unavaila Delaware		47-51136674		
(State or countr	er 22, 2015	(FEI number, if applicable)		
(Date of incorporation) September 22, 2015		(Date of duration, if other than perpetual)		
	(SEE SECTIONS 607.1501 & 607.1502 frey Road, Suite 401, Miami Beach, Florida 3314 (Principal		ability)	
	(Current mailing	address, if different)		
Name and stree	et address of Florida registered agent: (P.O.) H Wayne Hayes, Jr.	Box <u>NOT</u> acceptable)	2015 SEP	
ffice Address:	975 Arthur Godfrey Road, Suite 401	_	P 28 TARY ASSET	
	Miami Beach	33140 , Florida	A II: I	
	(City)	(Zip code)	: 18	

9. Registered agent's acceptance:

PatientTrac Corp

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 H Wayne Hayes Jr Chairman: 975 Arthur Godfrey Road, Suite 401 Address: Miami Beach, Florida 33140 Vice Chairman: Valeria Sidorovich Director: 975 Arthur Godfrey Road, Suite 401 Address: Miami Beach, Florida 33140 Director: Address: **B. OFFICERS** H Wayne Hayes, Jr. President: 975 Arthur Godfrey Road, Suite 401 Address: Miami Beach, Florida 33140 Vice President: Valeria Sidorovich Secretary: 975 Arthur Godfrey Road, Suite 401 Address: Miami Beach, Florida 33140 Treasurer: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 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. H Wayne Hayes Jr

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

13.

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## Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "PATIENTTRAC CORP" 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 TWENTY-FIFTH DAY OF SEPTEMBER, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PATIENTTRAC

CORP" WAS INCORPORATED ON THE TWENTY-SECOND DAY OF SEPTEMBER, A.D.

2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Authentication: 10128975

Date: 09-25-15

5830424 8300 SR# 20150262031