

FISBULLWOODS735

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

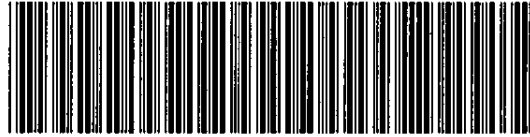
(Business Entity Name)

(Document Number)

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

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2015 DEC 30 P 4: 59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 4, 2015

JOEL MEDGEBOW  
4171 W HILLSBORO BLVD STE 9  
COCONUT CREEK, FL 33073

SUBJECT: MILLENNIAL HEALTHCARE CORPORATION  
Ref. Number: W15000078445

We have received your document for MILLENNIAL HEALTHCARE CORPORATION and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6051.

Justin M Shivers  
Regulatory Specialist III  
Registration/Qualification Section

Letter Number: 315A00025411

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Millennial Healthcare Corporation

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:

Joel Medgebow, Esq.

Name of Person

Medgebow Law, P.A.

Firm/Company

4171 W. Hillsboro Blvd, Ste 9

Address

Coconut Creek, FL 33073

City/State and Zip code

joel@medgebowlaw.com

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

For further information concerning this matter, please call:

Joel Medgebow

954 478-4223  
at ( )

Name of Person

Area Code

Daytime Telephone Number

### STREET/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

### MAILING ADDRESS:

Registration 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. Millennial Healthcare Corporation  
(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. Delaware 3. N/A  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. September 11, 2015 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)
6. N/A  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 498 NE 37th Street, Boca Raton, FL 33431  
(Principal office address)
- \_\_\_\_\_  
(Current mailing address, if different)

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

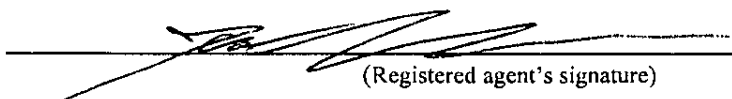
Name: Joel Medgebow

Office Address: 4171 W. Hillsboro Blvd. Ste 9

Coconut Creek, Florida 33073  
(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.

**FILED**  
2015 DEC 30 P 4: 59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**A. DIRECTORS**

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

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

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

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

Director: Santo Leo

Address: 498 NE 37th Street, Boca Raton, FL 33431

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

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

**B. OFFICERS**

President: Santo Leo

Address: 498 NE 37th Street, Boca Raton, FL 33431

Vice President: Joel Medgebow

Address: 4171 W. Hillsboro Blvd. Ste 9

Coconut Creek, FL 33073

Secretary: Mike Schweiger

Address: 498 NE 37th Street, Boca Raton, FL 33431

Treasurer: Mike Schweiger

Address: 498 NE 37th Street, Boca Raton, FL 33431

**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 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.

13. Joel Medgebow - Vice President

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

FILED  
2015 DEC 30 P 4:59  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "MILLENNIAL HEALTHCARE CORPORATION" 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 FOURTEENTH DAY OF DECEMBER,  
A.D. 2015.



5779527 8300

SR# 20151345979

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

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

Authentication: 10615307

Date: 12-14-15