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SECRETARY OF STATE
TREASURY DEPARTMENT

3/1/16 OS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Fox Medical Case Management, PC

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:

John Fox

Fox Medical Case Management, PC Inc.

Firm/Company

1152 Mae St. Suite 122

Address

Hummelstown, PA 17036

City/State and Zip code

john@foxcasemanagement.com

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

For further information concerning this matter, please call:

Dina Reed

407 733-3720
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.*

Fox Medical Case Management PC, Inc.

1. _____
(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. _____ 3. _____
Pennsylvania 45-3048277
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. _____ 5. _____
08/17/2011 perpetual
(Date of incorporation) (Date of duration, if other than 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. _____
1152 Mae Street, Suite 122 Hummelstown, PA 17036
(Principal office address)

Same as above

(Current mailing address, if different)

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

Name: _____

Dina Reed, Fox Medical Case Management, PC Inc.

Office Address: _____
4617 Stilwell Dr

Orlando, FL _____, Florida 32812
(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: Lorraine Esparza Fox
1152 Mae Street, Suite 122
Address: Hummelstown, PA 17036

Vice Chairman: Lorraine Esparza Fox
same as above
Address:

Director: Lorraine Esparza Fox
same as above
Address:

Director: Lorraine Esparza Fox
same as above
Address:

B. OFFICERS

President: Lorraine Esparza Fox
same as above
Address:

Vice President: Lorraine Esparza Fox
same as above
Address:

Secretary: Lorraine Esparza Fox
same as above
Address:

Treasurer:
Address:

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

12. Lorraine E. Fox
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. Lorraine Esparza Fox, President
Lorraine E. Fox

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

FILED
MAR - 1 PM 4:45
SECRETARY OF STATE
HARRISBURG, PA

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE

02/29/2016

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

Fox Medical Case Management, P.C.

is duly registered as a Pennsylvania Professional Corporation under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set
my hand and caused the Seal of the Secretary's
Office to be affixed, the day and year above written

Pedro A. Contes

Secretary of the Commonwealth

Certification Number: TSC160229131208-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify.aspx>