

FIL 000002447

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

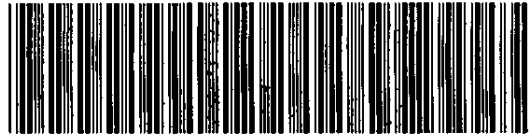
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/15/16--01011--001 **70.00

16 JUN 30 AM 7:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

547



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 16, 2016

DOUG BERRY
5802 KINGSTON PIKE
KNOXVILLE, TN 37919

SUBJECT: FOCUS HEALTH GROUP, INC
Ref. Number: W16000043494

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

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

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: 516A00012653

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Focus Health Group, 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:

Doug Berry

Name of Person

Focus Health Group, Inc.

Firm/Company

5802 Kingston Pike

Address

Knoxville, Tennessee 37919

City/State and Zip code

doug@focushealthgroup.com

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

For further information concerning this matter, please call:

Doug Berry

Name of Person

at (615) 414-2046

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. Focus Health Group, 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. Tennessee 3. 20-2211337
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. _____ 5. N/A
(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. 5802 Kingston Pike, Knoxville, Tennessee 37919
(Principal office address)
- Same
(Current mailing address, if different)

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

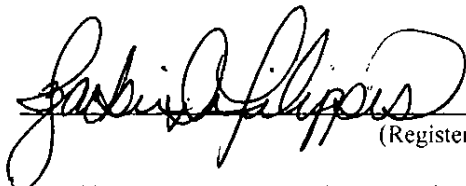
Name: InCorp Services, Inc.

Office Address: 17888 67th Court North

Loxahatchee, Florida 33470
(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.



Jackie DeFilippis on behalf of InCorp Services, Inc.

(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.

16 JUN 30 AM 7:23
STATE DEPT OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: Tracy Thompson

Address: 5802 Kingston Pike, Knoxville, Tennessee 37919

Vice Chairman: Fred McBee

Address: 5802 Kingston Pike, Knoxville, Tennessee 37919

Director: Doug Berry

Address: 5802 Kingston Pike, Knoxville, Tennessee 37919

Director: _____

Address: _____

B. OFFICERS

President: Fred McBee

Address: 5802 Kingston Pike, Knoxville, Tennessee 37919

Vice President: Tracy Thompson

Address: 5802 Kingston Pike, Knoxville, Tennessee 37919

Secretary: Doug Berry

Address: 5802 Kingston Pike, Knoxville, Tennessee 37919

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 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. Fred McBee / President

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



STATE OF TENNESSEE
Tre Hargett, Secretary of State
Division of Business Services
William R. Snodgrass Tower
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

FOCUS HEALTH GROUP
FRED MCBEE
5802 KINGSTON PIKE
KNOXVILLE, TN 37919

June 1, 2016

Request Type: Certificate of Existence/Authorization
Request #: 0204229

Issuance Date: 06/01/2016
Copies Requested: 1

Document Receipt

Receipt #: 002724165

Filing Fee: \$20.00

Payment-Credit Card - State Payment Center - CC #: 3674944538

\$20.00

Regarding: FOCUS HEALTH GROUP, INC.
Filing Type: For-profit Corporation - Domestic
Formation/Qualification Date: 04/28/2004
Status: Active
Duration Term: Perpetual
Business County: KNOX COUNTY

Control #: 468724
Date Formed: 04/28/2004
Formation Locale: TENNESSEE
Inactive Date:

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

FOCUS HEALTH GROUP, INC.

- * is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above;
- * has paid all fees, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
- * has filed the most recent annual report required with this office;
- * has appointed a registered agent and registered office in this State;
- * has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett
Secretary of State

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