

# FILE0000004654

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

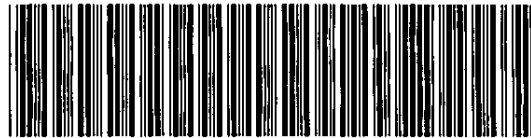
(Business Entity Name)

(Document Number)

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

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09/19/16--01005--027 \*\*78.75

16 OCT 17 AM 9:58

OCT 18 2016  
J. HARRIS

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Perception Health Care Services, 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:

Scott Fredrickson

\_\_\_\_\_  
Name of Person

Perception Health Care Services, Inc.

\_\_\_\_\_  
Firm/Company

771 E. Heritage Loop

\_\_\_\_\_  
Address

La Center, Wa. 98629

\_\_\_\_\_  
City/State and Zip code

Scott@sherwoodparknursing.com

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

For further information concerning this matter, please call:

Scott Fredrickson

503

559-1419

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 21, 2016

SCOTT FREDRICKSON  
771 E HERITAGE LOOP  
LA CENTER, WA 98629

SUBJECT: PERCEPTION HEALTH CARE SERVICES, INC.  
Ref. Number: W16000065156

RECEIVED  
2017 OCT 17 PM 4:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for PERCEPTION HEALTH CARE SERVICES, INC. and your check(s) totaling \$78.75. However, the document has not been filed and is being retained in this office for the following:

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

Please return 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.

Jenna D Harris  
Regulatory Specialist II

Letter Number: 416A00020248

FILED  
2017 OCT 17 AM 9:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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. Perception Health Care Services, Inc.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- Perception Management Services  
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Oregon 3. 931080085  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 01-28-1992 5. Perpetual  
(Date of incorporation) (Date of duration, if other than perpetual)
6. ~~07-01-2016~~ 10-1-16  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 4062 Arleta Ave NE, Keizer Or. 97303  
(Principal office address)
- 771 E. Heritage Loop, La Center Wa. 98629  
(Current mailing address, if different)

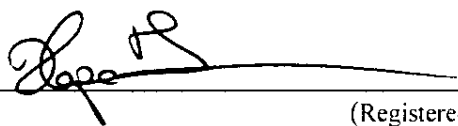
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Hope Fredrickson

Office Address: 8620 Elder Lane  
Orlando, 32827  
(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.

16 OCT 17 AM 9:58

FILED  
IN THE  
CLERK OF  
THE  
DEPARTMENT OF  
STATE  
TALLAHASSEE  
FLORIDA

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

**A. DIRECTORS**

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

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

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

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

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

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

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

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

**B. OFFICERS**

President: Scott L. Fredrickson

Address: 771 E. Heritage Loop  
La Center Wa. 98629

Vice President: Hope Fredrickson

Address: 8620 Elder Lane, Orlando FL 32827


Secretary: Larry Fredrickson

Address: 8620 Elder Lane, Orlando FL. 32827

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. President \_\_\_\_\_

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

FILED  
CLERK OF THE  
STATE  
16 OCT 17 AM 9:58  
TALLAHASSEE, FL

# *State of Oregon*

*OFFICE OF THE SECRETARY OF STATE  
Corporation Division*

## **Certificate of Existence 312P362K8**

*I, JEANNE P. ATKINS, SECRETARY OF STATE, and Custodian of the Seal of said State, do hereby certify:*

**PERCEPTION HEALTH CARE SERVICES, INC.**

*is*

**Incorporated**

*under the laws of The State of Oregon*

*and is active on the records of the Corporation Division as of the date of this certificate.*



*In Testimony Whereof, I have hereunto set  
my hand and affixed hereto the Seal of the  
State of Oregon.*

*Jeanne P. Atkins*

**JEANNE P. ATKINS, SECRETARY OF STATE**

*10/5/2016*