

F17000001853

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W17-34469

Office Use Only



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DEPARTMENT OF STATE
17 APR 20 PM 4:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 APR 24 AM 11:15

FILED

S Warren

APR 25 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 21, 2017

CORPORATION SERVICE COMPANY

SUBJECT: HA TELEHEALTH, P.C., A PROFESSIONAL CORPORATION
Ref. Number: W17000034469

We have received your document for HA TELEHEALTH, P.C., A PROFESSIONAL CORPORATION and the authorization to debit your account in the amount of \$. However, the document has not been filed and is being returned for the following:

LINE 1 MUST CONTAIN THE ENTIRE LEGAL NAME CONTAINED IN THE CERTIFICATE IE - HA TELEHEALTH, P.C., A PROFESSIONAL CORPORATION. SINCE THE LAST WORD IS A CORPORATE SUFFIX, YOU DO NOT NEED TO ADD INC.,

Please return 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.

Stacey M Warren
Regulatory Specialist II

Letter Number: 817A00007796

FILE 1ST

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 606525 7263946
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 70.00

ORDER DATE : April 19, 2017
ORDER TIME : 12:58 PM
ORDER NO. : 606525-015
CUSTOMER NO: 7263946

FOREIGN FILINGS

NAME: HA TELEHEALTH, P.C., A
PROFESSIONAL CORPORATION

XXXX QUALIFICATION (TYPE: PC)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HA Telehealth, P.C., a Professional 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:

Monique Herring

Name of Person

Reed Smith LLP

Firm/Company

1901 Avenue of the Stars, Suite 700

Address

Los Angeles, CA 90067

City/State and Zip code

mherring@reedsmith.com

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

For further information concerning this matter, please call:

Monique Herring

310

734-5430

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. HA Telehealth, P.C., A Professional 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. California 3. 82-0787583
 (State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 3/9/17 5. _____
 (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. 340 S. Lemon Ave., #8802, Walnut, CA 91789
 (Principal office address)

(Current mailing address, if different)

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

Name: Corporation Service Company
 Office Address: 1201 Hays Street
 Tallahassee, Florida 32301
 (City) (Zip code)

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TALLAHASSEE, FLORIDA

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.

Corporation Service Company
 By: M. Zender Melissa Zender
 (Registered agent's signature) Asst. Vice President

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: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: William Kirby, D.O.

Address: 340 S. Lemon Ave., #8802

Walnut, CA 91789

Director: _____

Address: _____

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TALLAHASSEE, FLORIDA

B. OFFICERS

President: William Kirby, D.O.

Address: 340 S. Lemon Ave., #8802

Walnut, CA 91789

Vice President: _____

Address: _____

Secretary: William Kirby, D.O.

Address: 340 S. Lemon Ave., #8802, Walnut, CA 91789

Treasurer: William Kirby, D.O.

Address: 340 S. Lemon Ave., #8802, Walnut, CA 91789

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. William Kirby, D.O., President

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

**State of California
Secretary of State**

CERTIFICATE OF STATUS

ENTITY NAME:

HA TELEHEALTH, P.C., A PROFESSIONAL CORPORATION

FILE NUMBER: C3999027
FORMATION DATE: 03/09/2017
TYPE: DOMESTIC CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California,
hereby certify:

The records of this office indicate the entity is authorized to
exercise all of its powers, rights and privileges in the State of
California.

No information is available from this office regarding the financial
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate
and affix the Great Seal of the State of
California this day of April 19, 2017.

A handwritten signature in black ink, appearing to read "Alex Padilla".

**ALEX PADILLA
Secretary of State**