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Florida Department of State  
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From: Account Name : VCORP SERVICES, LLC  
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FOREIGN PROFIT/NONPROFIT CORPORATION  
PATIENTFINDER, INC.

Certificate of Status	0
Certified Copy	0
Page Count	04
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K. SALLY  
MAY 22 2017

# 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.

PatientFinder, 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)  
Delaware

2. \_\_\_\_\_ 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)  
May 15, 2017

4. \_\_\_\_\_ 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)  
333 Aragon Ave, #806E, Coral Gables, FL 33134

7. \_\_\_\_\_  
(Principal office address)

\_\_\_\_\_ (Current mailing address, if different)

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

Name: \_\_\_\_\_  
333 Aragon Ave, #806E

Office Address: \_\_\_\_\_ 33134  
Coral Gables \_\_\_\_\_, Florida \_\_\_\_\_  
(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.

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TALLAHASSEE, FLORIDA

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

**A. DIRECTORS**

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

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

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

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

David Thornton

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

333 Aragon Ave, #806E, Coral Gables, FL 33134

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

Daniel Imfeld

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

c/o PatientFinder, Inc., 333 Aragon Ave, #806E, Coral Gables, FL 33134

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

**B. OFFICERS**

David Thornton

President: \_\_\_\_\_

333 Aragon Ave, #806E, Coral Gables, FL 33134

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

Vice President: \_\_\_\_\_

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

David Thornton

Secretary: \_\_\_\_\_

333 Aragon Ave, #806E, Coral Gables, FL 33134

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

David Thornton

Treasurer: \_\_\_\_\_

333 Aragon Ave, #806E, Coral Gables, FL 33134

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.

David Thornton, President and Chief Executive Officer

13. \_\_\_\_\_

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

# Delaware

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PATIENTFINDER, INC." 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 EIGHTEENTH DAY OF MAY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PATIENTFINDER, INC." WAS INCORPORATED ON THE FIFTEENTH DAY OF MAY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.


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

  
Jeffrey W. Bullock, Secretary of State

Authentication: 202563149

Date: 05-18-17