

F17000003219

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

penalty  
W17-58602

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17 JUL 14 PM 3:08  
DIVISION OF CORPORATIONS  
17 JUL 14 AM 9:50

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JUL 20 2017

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 17, 2017

SUNSHINE CORPORATE FILING OF FLORIDA, INC.

SUBJECT: FOCUS ON THERAPEUTIC OUTCOMES, INC.  
Ref. Number: W17000058602

Please file -  
Can we have  
original file  
date. Thanks,  
Jma  
😊

We have received your document for FOCUS ON THERAPEUTIC OUTCOMES, INC. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$800.00.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia I Simmons  
Regulatory Specialist II

Letter Number: 117A00014368

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17 JUL 19 AM 11:24

SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive  
Tallahassee, Florida 32312

(850) 656-4724

Toll Free: 844-541-6792

DATE: 7-14-17

WALK IN

ENTITY NAME: Focus on Therapeutic  
Outcomes, Inc.

DOCUMENT # \_\_\_\_\_

**\*\*PLEASE FILE THE ATTACHED AND RETURN:\*\***

☒ Plain Copy  
☐ Certified Copy

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY:\*\***

☐ Certified Copy of Arts & Amendments

☐ Certificate of Good Standing

**\*\*APOSTILLE' /NOTARIAL CERTIFICATION:\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL \$ OWED: 125

CHECK #: 3865

*Please call Tina at the above number for any issues or concerns. Thank you so much!*

**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.*

Focus on Therapeutic Outcomes, 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. Missouri 3. 43-1688003  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 6/2/94 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)

6. 6/15/15  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 2910 Tazewell Pike, Suite E, Knoxville, TN 37918  
(Principal office address)

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

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

Name: NRAI Services, Inc., \_\_\_\_\_

Office Address: 1200 South Pine Island Road \_\_\_\_\_

Plantation, Florida 33324  
(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.*

NRAI Services, Inc.

By: \_\_\_\_\_

(Registered agent's signature) Natalie Leiba-Paul - Assistant Secretary

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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DIVISION OF CORPORATIONS

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

**A. DIRECTORS**

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

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

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

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

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

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

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

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

**B. OFFICERS**

President: Alfonso Amato

Address: 2910 Tazewell Pike, Suite E, Knoxville, TN 37918

Vice President: Ben Johnston

Address: 2910 Tazewell Pike, Suite E, Knoxville, TN 37918

Secretary: Alfonso Amato

Address: 2910 Tazewell Pike, Suite E, Knoxville, TN 37918

Treasurer: Ben Johnston

Address: 2910 Tazewell Pike, Suite E, Knoxville, TN 37918

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. Curtis Jones, Director

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

17 JUL 14 AM 9:50  
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FILED

**Attachment to Application for Authorization to Transact Business  
by Focus on Therapeutic Outcomes, Inc.**

Names and business addresses of Directors:

Alfonso Amato - 2910 Tazwell Pike, Suite E, Knoxville, TN 37918

Ben Johnston - 2910 Tazwell Pike, Suite E, Knoxville, TN 37918

Curtis Jones - 2910 Tazwell Pike, Suite E, Knoxville, TN 37918

Mike Miller - 7500 York Drive, St. Louis, MO 63105

Aaron Katzman - 10 Layton Terrace, St. Louis, MO 63141

**FILED**  
17 JUL 14 AM 9:50  
DIVISION OF CORPORATIONS

# STATE OF MISSOURI



**John R. Ashcroft**  
**Secretary of State**

CORPORATION DIVISION  
CERTIFICATE OF GOOD STANDING

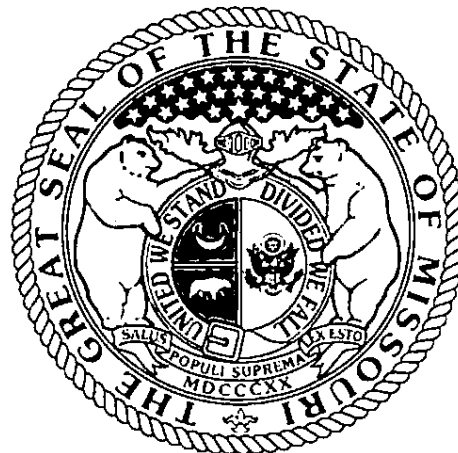
I, JOHN R. ASHCROFT, Secretary of State of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

***FOCUS ON THERAPEUTIC OUTCOMES, INC.***  
***00396836***

was created under the laws of this State on the 3rd day of June, 1994, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 13th day of July, 2017.

  
Secretary of State



Certification Number: CERT-07132017-0029