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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

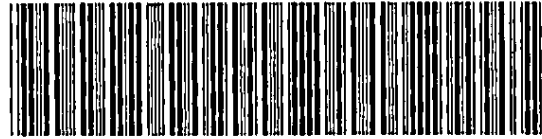
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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17 AUG 22 PM 12:19
U.S. DISTRICT COURT
DISTRICT OF COLUMBIA

S. WARREN

AUG 24 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Health Care Visions 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:

William J White
Name of Person
in care of Health Care Visions
Firm/Company
510 North River Road
Address
Venice, FL 34293
City/State and Zip code
wgw242@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William J White at (941) 408-9124
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. Health Care Visions, 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. Connecticut 3. 06-13-11943
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. December 19, 1990 5. Perpetual
(Date of incorporation) (Date of duration, if other than perpetual)

6. we do not do business in Florida other than buying a car here
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 31 Vauxhall Street New London, CT 06320
(Principal office address)

510 North River Road, Venice, FL 34293
(Current mailing address, if different)

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

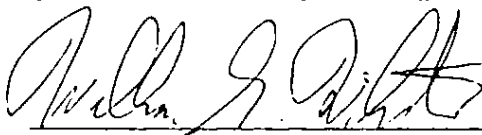
Name: William J White

Office Address: 510 N. River Rd
Venice, Florida 34293
(City) (Zip code)

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17 AUG 22 PM 12:19
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.



(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.

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

A. DIRECTORS

Chairman: William G White

Address: 510 North River Rd
Venice, FL 34293

Vice Chairman: _____

Address: _____

Director: Diane H White

Address: 510 North River Rd
Venice, FL 34293

Director: _____

Address: _____

B. OFFICERS

President: William G. White

Address: 510 N. River Rd
Venice, FL 34293

Vice President: _____

Address: _____

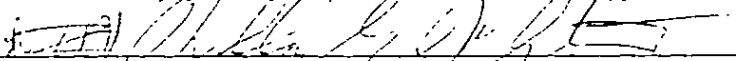
Secretary: Diane H White

Address: 510 N River Rd Venice, FL 34293

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

2. 

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.

William G White CEO & President

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

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17 AUG 22 PM 12:19
CLERK OF CIRCUIT COURT
JUDICIAL CIRCUIT IN AND FOR
FLORIDA

Office of the Secretary of the State of Connecticut

I, the Connecticut Secretary of the State, and keeper of the seal thereof,
DO HEREBY CERTIFY, that the certificate of incorporation of

HEALTH CARE VISIONS, INC.

a domestic STOCK corporation, was filed in this office on December 19, 1990, a certificate of
dissolution has not been filed, the corporation has filed all annual reports, and so far as indicated by the
records of this office such corporation is in existence.



Secretary of the State

Date Issued: August 18, 2017