

F17000005523

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

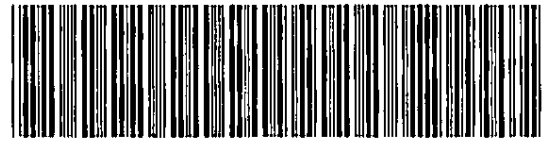
(Document Number)

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

Special Instructions to Filing Officer:

name W1795529

Office Use Only



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FILED  
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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

S. WARREN

DEC 08 2017



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 1, 2017

WARREN ROSS  
460 S 34TH STREET  
NEW YORK, NY 10001

SUBJECT: UNIVERSITY OF MEDICINE AND HEALTH SCIENCES LIMITED  
CORPORATION  
Ref. Number: W17000095529

We have received your document for UNIVERSITY OF MEDICINE AND HEALTH SCIENCES LIMITED CORPORATION and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

The document number of the name conflict is L07000093284 UNIVERSITY OF MEDICINE AND HEALTH SCIENCES, LLC.

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: 817A00024315

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** University of Medicine and Health Sciences Limited 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:

Warren Ross

Name of Person
University of Medicine and Health Sciences
Firm/Company
460 W. 34th Street
Address
New York, NY 10001
City/State and Zip code
wross@umhs-sk.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anne Prillaman	212	868-4720
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. University of Medicine and Health Sciences Limited 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. St. Kitts and Nevis \_\_\_\_\_ 3. 26-0905114  
 \_\_\_\_\_  
 (State or country under the law of which it is incorporated) (FEI number, if applicable)

4. May 28, 2004 \_\_\_\_\_ 5. perpetual  
 \_\_\_\_\_  
 (Date of incorporation) (Date of duration, if other than perpetual)  
 upon qualification

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

7. Camps Island Main Road, St. Kitts  
 \_\_\_\_\_  
 (Principal office address)  
 P.O. Box 1218, Basseterre, St. Kitts  
 \_\_\_\_\_  
 (Current mailing address, if different)

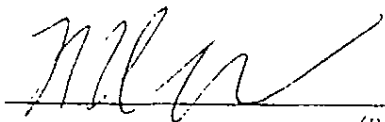
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Melanic Weiner  
 \_\_\_\_\_  
 Office Address: 224 Datura St, Suite 1115  
 \_\_\_\_\_  
 West Palm Beach \_\_\_\_\_, Florida 33401  
 (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.*

 \_\_\_\_\_ 11.20 - 2017  
 (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: Warren Ross  
6 Fleet Court  
Address: Northport, NY 11768

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

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

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

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TALLAHASSEE, FLORIDA

**B. OFFICERS**

President: Warren Ross  
6 Fleet Court  
Address: Northport, NY 11768

Vice President: Jerry Thornton  
401 N. Walnut Avenue  
Address: Eagle Lake, TX 77434

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

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. Warren Ross, President  
(Typed or printed name and capacity of person signing application)

**UNIVERSITY OF MEDICINE AND HEALTH SCIENCES, LLC**

NORTH AMERICAN ADMINISTRATIVE OFFICE  
460 WEST 34<sup>TH</sup> STREET, 4<sup>TH</sup> FLOOR ■ NEW YORK, NEW YORK 10001  
TELEPHONE: 212-868-0855 ■ FACSIMILE: 212-279-8640  
WEBSITE: WWW.UMHS-SK.ORG

December 4, 2017

Florida Department of State  
2661 Executive Center Cir W  
Tallahassee, FL 32301

Re: University of Medicine and Health Sciences Limited Corporation  
Document Number W17000095529

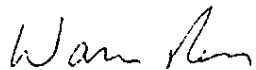
Dear Sir or Madam:

We recently filed documents to register the entity referenced above as a Foreign Corporation in Florida. The filing was rejected on the basis that the name was already in use by us.

We hereby give permission to register the University of Medicine and Health Sciences Limited Corporation as a Foreign Corporation in Florida.

If you have any questions or need additional information, please do not hesitate to contact me.

Best regards,



Warren Ross  
Manager and President

2017 DEC -6 PM 3: 37  
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STATE  
TALLAHASSEE FLORIDA



# Saint Christopher and Nevis FINANCIAL SERVICES REGULATORY COMMISSION

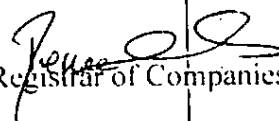
I hereby Certify that

**University of Medicine and Health Sciences Limited**

a Private Ordinary Company with limited liability, Incorporated under The  
Companies Act (No. 22 of 1996) on the 16th of October 2007, is in Good  
Standing on the Register of Companies.

Given under the Hand and Seal of the  
Registrar of Companies, Saint Christopher,  
this 14th day of November, 2017



  
Registrar of Companies

