

F1700000.5545

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

W17-95492

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11/30/17--01016--004 \*\*78.75

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Y SULKER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 1, 2017

TIMOTHY J PREVO  
PO BOX 700  
BURLINGTON, VT 05402

SUBJECT: KESTREL HEALTH INFORMATION, INC.  
Ref. Number: W17000095492

We have received your document for KESTREL HEALTH INFORMATION, INC. and your check(s) totaling \$78.75. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Yasemin Y Sulker  
Regulatory Specialist II

Letter Number: 417A00024307

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Kestrel Health Information, 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:

**Timothy J. Prevo**

Name of Person

**The Moulton Law Group, PLLC**

Firm/Company

**PO Box 700**

Address

**Burlington, VT 05402**

City/State and Zip code

**tprevo@moultonlg.com**

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

For further information concerning this matter, please call:

**Timothy J. Prevo**

Name of Person

at ( **802** ) **660-2000**

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. **Kestrel Health Information, 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. **Vermont**

(State or country under the law of which it is incorporated)

3. **03-0349916**

(FEI number, if applicable)

4. **December 7, 1995**

(Date of incorporation)

5. \_\_\_\_\_

(Date of duration, if other than perpetual)

6. **N/A**

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

7. **206 Commerce Street, Hinesburg, VT 05461**

(Principal office address)

**1015 Atlantic Blvd, #446, Atlantic Beach, FL 32233**

(Current mailing address, if different)

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

Name: **Ms. Jeanne Cunningham**

Office Address: **2014 Lakeside Drive**

**Jacksonville**

(City)

**Florida 32250**

(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.*

DocuSigned by:

*Jeanne Cunningham*

-5488253302E41B

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

**A. DIRECTORS**

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

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

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

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

Director: Ms. Jeanne Cunningham

Address: 2014 Lakeside Drive, Jacksonville, FL 32250

Director: Mr. Brian Duerr

Address: 2014 Lakeside Drive, Jacksonville, FL 32250

**B. OFFICERS**

President: Ms. Jeanne Cunningham

Address: 2014 Lakeside Drive, Jacksonville, FL 32250

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

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

Secretary: Mr. Brian Duerr

Address: 2014 Lakeside Drive, Jacksonville, FL 32250

Treasurer: Ms. Jeanne Cunningham

Address: 2014 Lakeside Drive, Jacksonville, FL 32250

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

12. Jeanne Cunningham

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. Ms. Jeanne Cunningham, President

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

STATE OF VERMONT  
OFFICE OF SECRETARY OF STATE

Certificate of Good Standing

I, James C. Condos, Vermont Secretary of State, do hereby certify that according to the records of this office

KESTREL HEALTH INFORMATION, INC.

a Domestic Profit Corporation formed under the laws of the State of VERMONT, was filed for record in this office on Dec 07, 1995.

I further certify that the company has perpetual duration, that its most recent annual report is on file, and that as of this date, articles of dissolution / withdrawal have not been filed.

November 15, 2017

Given under my hand and the seal of the State of Vermont, at Montpelier, the State Capital.



A handwritten signature in cursive script that reads "James C. Condos".

James C. Condos  
Vermont Secretary of State

Business ID: 0114293  
Certificate Number: 2013398703001