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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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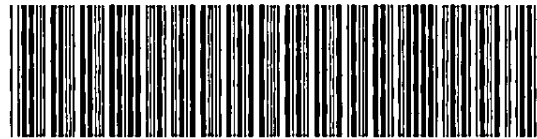
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

O SIMMONS
AUG 11 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Healthcare Professional Risk Retention Group, 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:

Gemma Tuanqui

Name of Person

Risk Services

Firm/Company

1605 Main Street, Suite 800

Address

Sarasota, FL 34236

City/State and Zip code

gtuanqui@pboa.com

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

For further information concerning this matter, please call:

Gemma Tuanqui

941

373-1144

at ()

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

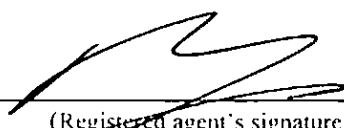
**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*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. Healthcare Professional Risk Retention Group, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")
2. North Carolina 3. 82-5398067
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 5/3/18 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)
7. 5630 University Parkway, Winston-Salem, North Carolina, 27105
(Principal office address)
- c/o Risk Services, 1605 Main Street, Suite 800, Sarasota, FL, 34236
(Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: Michael T. Rogers
- Office Address: Risk Services, 1605 Main Street, Suite 800
- Sarasota, Florida 34236
(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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SECRETARY OF STATE

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

A. DIRECTORS

~~XXXXX~~ Chairman: James Farrell, D.O.

Address: 10135 Kingsbridge Avenue
Tampa, FL 33626

~~XXXXX~~ Chairman: Bran Menendez

Address: 3986 14th Ln. NE
St. Petersburg, FL 33703

Director: Kevin Hicks

Address: 1130 Windsor Drive
Wilmington, NC 28403

Director:

Address:

B. OFFICERS

President: James Farrell, D.O.

Address: 10135 Kingsbridge Avenue
Tampa, FL 33626

Vice President:

Address:

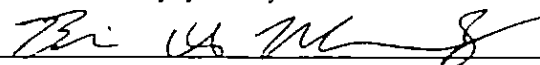
Secretary: Brian Menendez

Address: 3986 14 Ln. NE, St. Petersburg, FL 33703

Treasurer: Kevin Hicks

Address: 1130 Windsor Drive, Wilmington, NC 28403

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. Brian Menendez, Secretary

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

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SECRETARY OF STATE
ALBANY, NEW YORK



NORTH CAROLINA

Department of the Secretary of State

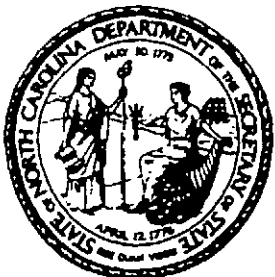
CERTIFICATE OF EXISTENCE (CAPTIVE INSURANCE)

I, **ELAINE F. MARSHALL**, Secretary of State of the State of North Carolina, do hereby certify that

HEALTHCARE PROFESSIONAL RISK RETENTION GROUP, INC.

is a corporation duly incorporated under the Liability Risk Retention Act of 1986, 15 U.S.C. § 3901 *et. seq.*, and the North Carolina Captive Insurance Act, respectively of the State of North Carolina, having been incorporated on the 3rd day of May, 2018, with its period of duration being perpetual.

I **FURTHER** certify that the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; and that the said corporation has not filed articles of dissolution as of the date of this certificate.



Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 25th day of July, 2018.

Elaine F. Marshall

Secretary of State