

F190000000222

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

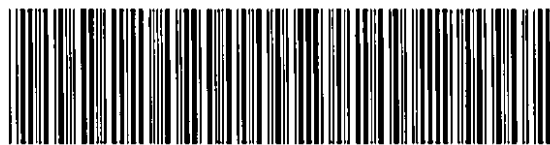
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2019 MAR 21 AM 7:42
STATE OF FLORIDA
TALLAHASSEE

19 MAR 21 PM 3:29

WHITE
MAR 22 2019

CT CORP
3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724

Date: 3/21/2019

Acc#I20160000072

en: c DW

Name:	STUDENT HEALTH PROGRAMS, INC.
Document #:	
Order #:	11371736

Certified Copy of Arts & Amend:	<input type="checkbox"/>			
Plain Copy:	<input type="checkbox"/>			
Certificate of Good Standing:	<input type="checkbox"/>			
	<input type="checkbox"/>			
Apostille/Notarial Certification:	<input type="checkbox"/>		Country of Destination:	
			Number of Certs:	

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	Plain: <input type="checkbox"/>
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Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 43.75

Thank you!

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: STUDENT HEALTH PROGRAMS INC.

Name of Corporation

DOCUMENT NUMBER: F19000000222

The enclosed *Affidavit by Foreign Corporation to Change/Add Officer(s) and/or Director(s)* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

FERRY, DANIEL

Name of Contact Person

STUDENT HEALTH PROGRAMS INC.

Firm/Company

28350 198TH ST

Address

PEIERRE, SD 57501-6273

City/State and Zip Code

danfasinc@gmail.com

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

For further information concerning this matter, please call:

DANIEL FERRY

Name of Contact Person

at (605)

945-0165

Area Code & Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for the following amount:

☐ \$35.00 Filing Fee



\$43.75 Filing Fee &
Certificate of Status



\$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)



\$52.50 Filing Fee,
Certificate of Status &
Certified Copy
(Additional copy is
enclosed)

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



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2019 MAR 21 AM 7:42

SECRETARY OF STATE
TALLAHASSEE, FL

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**AFFIDAVIT BY FOREIGN CORPORATION TO CHANGE/ADD OFFICER(S)
AND/OR DIRECTOR(S)**

(Note: Applicable only during the first calendar year of qualification)

1. The name of the foreign corporation as it appears on the records of the Florida Department of State is:
STUDENT HEALTH PROGRAMS INC.
2. This entity was authorized to transact business in Florida on 01/11/2019 and its Florida document
number is F19000000222
3. This corporation was formed under the laws of DE
4. The name and address of each officer and/or director is as follows:

Title:

CDP

Name and Address

DEAN, MICHAEL
3100 SHIRE LAKE

FT MYERS, FL 33912

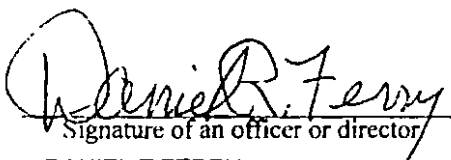
SECRETARY

FERRY, DANIEL R.

28350 198TH ST

PIERRE, SD 57501-6273

(Attach additional pages if necessary)


Signature of an officer or director
DANIEL RFERRY
Typed or printed name of person signing

SECRETARY

Title of person signing

FILING FEE \$35

Make checks payable to Florida Department of State and Mail to:
Division of Corporations • PO Box 6327 • Tallahassee, FL 32314