

F19000001699

(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:

W19-25955

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2019 APR - 5 PM 3: 03  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

D. BRUCE  
APR 08 2019



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 16, 2019

JEFFREY WHITE  
P.O. BOX 39645  
FORT LAUDERDALE, FL 33339

SUBJECT: HEALTHTECH ADVISORS, INC.  
Ref. Number: W19000025955

We have received your document for HEALTHTECH ADVISORS, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

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.

Deborah Bruce  
Corporate Records Supervisor

Letter Number: 819A00005293

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TALLAHASSEE, FLORIDA

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

HealthTech Advisors, Inc.

**SUBJECT:** \_\_\_\_\_  
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:

Jeffrey White

\_\_\_\_\_  
Name of Person  
HealthTech Advisors, Inc.

\_\_\_\_\_  
Firm/Company  
P.O. Box 39645

\_\_\_\_\_  
Address  
Fort Lauderdale, FL 33339

\_\_\_\_\_  
City/State and Zip code  
jwhite@HealthTechAdvisors.com

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

For further information concerning this matter, please call:

on behalf of Jeffrey White	805	277-1850
_____ Name of Person	at (_____) _____ 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:

- |  |  |   |   |
|--|--|---|---|
| <input checked="" type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee,<br>Certificate of Status &<br>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.*

HealthTech Advisors, Inc.

1. \_\_\_\_\_  
(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)

Nevada

Federal Tax ID 45-5105804

2. \_\_\_\_\_ 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

March 28, 2012

Perpetual

4. \_\_\_\_\_ 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)

Upon Filing

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

7. 3400 GALT OCEAN DR. #301-S FORT LAUDERDALE, FL 33308  
(Principal office address)

P.O. Box 39645, Fort Lauderdale, FL 33339

(Current mailing address, if different)

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

Name: Jeffrey White

Office Address: 3400 Galt Ocean Dr #301-S

Fort Lauderdale, Florida 33308  
(City) (Zip code)

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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.*



Jeffrey White on behalf of Incorp Services, Inc.

(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.

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

**DIRECTORS**


Chairman: Jeffrey White  
P.O. Box 39645, Fort Lauderdale, FL 33339  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Vice Chairman: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Director: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Director: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

**OFFICERS**

President: Jeffrey White  
P.O. Box 39645  
Address: Fort Lauderdale FL 33339  
\_\_\_\_\_  
Vice President: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Secretary: Jeffrey White  
P.O. Box 39645, Fort Lauderdale, FL 33339  
Address: \_\_\_\_\_  
Treasurer: Jeffrey White  
P.O. Box 39645, Fort Lauderdale, FL 33339  
Address: \_\_\_\_\_

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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.

Jeffrey White  
3. \_\_\_\_\_  
(Typed or printed name and capacity of person signing application)

# SECRETARY OF STATE



## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **HEALTHTECH ADVISORS, INC.**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since March 28, 2012, and is in good standing in this state.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on March 1, 2019.

*Barbara K. Cegavske*

Barbara K. Cegavske  
Secretary of State