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\_\_\_\_\_  
(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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✓

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

Health Dimensions Consulting, 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:

Kathleen A Connelly

\_\_\_\_\_  
Name of Person  
Health Dimensions Consulting, Inc.

\_\_\_\_\_  
Firm/Company  
12900 Whitewater Drive Suite 201

\_\_\_\_\_  
Address  
Minneapolis, MN 55343

\_\_\_\_\_  
City/State and Zip code  
amberr@HIDG11.com

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

For further information concerning this matter, please call:

Kathy Connelly                      763                      381-7372  
\_\_\_\_\_  
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.*

Health Dimensions Consulting, 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)

Minnesota 41-1974531

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

04-11-2000

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

at registration

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

12900 Whitewater Drive Suite 201, Minneapolis, MN 55343

7. \_\_\_\_\_  
(Principal office address)

\_\_\_\_\_  
(Current mailing address, if different)

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

Name: C T Corporation System

Office Address: 1900 South Pine Island Road

Plantation, Florida 33324  
(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.*

C T Corporation System

Nathan Giffin

Nathan Giffin, Assistant Secretary

(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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CLERK OF STATE  
TALLAHASSEE, FLORIDA

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

**A. DIRECTORS**

Chairman: Sergei Shvetzoff ✓  
12900 Whitewater Drive, Suite 201, Minneapolis, MN 55343  
Address:

Vice Chairman: David Briscoe ✓  
12900 Whitewater Drive, Suite 201, Minneapolis, MN 55343  
Address:

Director: Tami Shvetzoff ✓  
12900 Whitewater Drive, Suite 201, Minneapolis, MN 55343  
Address:

Director: Patricia Briscoe ✓  
12900 Whitewater Drive, Suite 201, Minneapolis, MN 55343  
Address:

**B. OFFICERS**

President: Amber Rogatzke ✓  
12900 Whitewater Drive, Suite 201, Minneapolis, MN 55343  
Address:

CEO: Erin Shvetzoff Hennessey 12900 Whitewater Drive, Suite 201, Minneapolis, MN 55343

Vice President: Sergei Shvetzoff ✓  
12900 Whitewater Drive, Suite 201, Minneapolis, MN 55343  
Address:

Secretary: David Briscoe ✓  
12900 Whitewater Drive, Suite 201, Minneapolis, MN 55343  
Address:

Treasurer: David Briscoe ✓  
12900 Whitewater Drive, Suite 201, Minneapolis, MN 55343  
Address:

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

12. David Briscoe  
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. David Briscoe, Director  
(Typed or printed name and capacity of person signing application)

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**Office of the Minnesota Secretary of State  
Certificate of Good Standing**

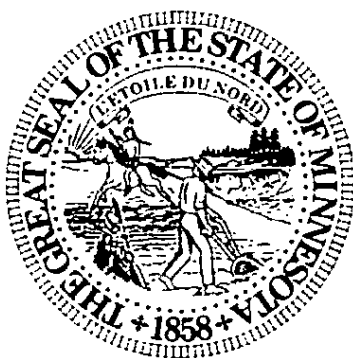
I, Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name:	Health Dimensions Consulting, Inc.
Date Filed:	04/11/2000
File Number:	11C-851
Minnesota Statutes, Chapter:	302A
Home Jurisdiction:	Minnesota

This certificate has been issued on: 09/19/2019

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED



*Steve Simon*

Steve Simon  
Secretary of State  
State of Minnesota