

F20000002159

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

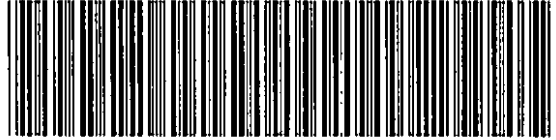
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20 MAY -6 AM 10:31

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Avalon Health Care Management, 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:

Shari Dirksen

Name of Person

Parr Brown Gee & Loveless

Firm/Company

101 South 200 East, Suite 700

Address

Salt Lake City, Utah 84111

City/State and Zip code

sdirksen@parrbrown.com

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

For further information concerning this matter, please call:

Anne H Stuart

at (801) 596-9052

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$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

FILED
20 MAY -5 AM 10:31

**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. Avalon Health Care Management, 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. Utah 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 12/28/1988 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. 206 N 2100 W, Suite 200, Salt Lake City, Utah 8414741
(Principal office street address)
- _____
(Current mailing address, if different)

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

Name: Legaline Corporate Services, Inc.

Office Address: 5237 Summerlin Commons, Suite 400
Fort Myers, Florida 33907
(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.

Nancy Luna

(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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

☐ Chairman Name: Lane Bowen
☐ Vice Chairman Address: 206 North 2100 West
☒ Director Salt Lake City, Utah 84116
☐ President _____
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other _____ ☐ Other _____

☐ Chairman Name: H. David Burton
☐ Vice Chairman Address: 206 North 2100 West
☒ Director Salt Lake City, Utah 84116
☐ President _____
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other _____ ☐ Other _____

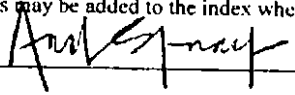
☐ Chairman Name: Anne Stuart
☐ Vice Chairman Address: 206 North 2100 West
☒ Director Salt Lake City, Utah 84116
☐ President _____
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other _____ ☐ Other _____

☐ Chairman Name: Christie Franklin
☐ Vice Chairman Address: 206 North 2100 West
☒ Director Salt Lake City, Utah 84116
☐ President _____
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other _____ ☐ Other _____

☐ Chairman Name: William Di Sera
☐ Vice Chairman Address: 206 North 2100 West
☐ Director Salt Lake City, Utah 84116
☐ President _____
☒ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other _____ ☐ Other _____

☐ Chairman Name: Robert Wolt
☐ Vice Chairman Address: 206 North 2100 West
☒ Director Salt Lake City, Utah 84116
☐ President _____
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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. Anne H. Stuart - Director
 (Typed or printed name and capacity of person signing application)

ADDENDUM

ADDITIONAL DIRECTORS/ OFFICERS

Officer

Anne Stuart
206 North 2100 West
Salt Lake City, Utah 84116

Director

David E. Dangerfield
1365 Ft Pierce
St George, Utah 84790

Secretary

Charles R. Kirton
208 Desert View Street
Las Vegas, NV 89107

Director

James O Mason
474 Quail Run Road
Farmington, Utah 84025

Director

Carl R. Tippetts
132 East 13065 South
Draper, Utah 84095



Utah Department of Commerce
Division of Corporations & Commercial Code
160 East 300 South, 2nd Floor, PO Box 146705
Salt Lake City, UT 84114-6705
Service Center: (801) 530-4849
Toll Free: (877) 526-3994 Utah Residents
Fax: (801) 530-6438
Web Site: <http://www.commerce.utah.gov>

04/30/2020
1020383-014204302020-2340990

CERTIFICATE OF EXISTENCE

Registration Number: 1020383-0142
Business Name: AVALON HEALTH CARE MANAGEMENT, INC.
Registered Date: December 28, 1988
Entity Type: Corporation - Domestic - Profit
Status: Current

The Division of Corporations and Commercial Code of the State of Utah, custodian of the records of business registrations, certifies that the business entity on this certificate is authorized to transact business and was duly registered under the laws of the State of Utah. The Division also certifies that this entity has paid all fees and penalties owed to this state; its most recent annual report has been filed by the Division (unless Delinquent); and, that Articles of Dissolution have not been filed.



Jason Sterzer
Director
Division of Corporations and Commercial Code