

F20000002680

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

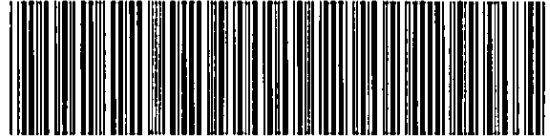
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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04/29/20--01005--024 **87.50

2021 JUN 15 PM 2:46
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FILING OFFICE
JUN 15 2021

FILED

JUN 17 2020
M. SOLOMON

**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. Quantum Health Solutions 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. Delaware 3. 23-2997648
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 2-22-1999 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. 5-1-2020
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 4873 Palm Coast Pkwy, NW, Unit 3, Palm Coast, FL 32137
(Principal office street address)

(Current mailing address, if different)

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

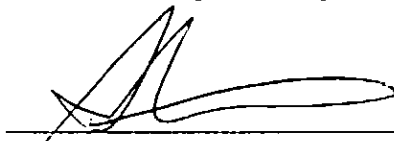
Name: Anthony Riccio

Office Address: 4873 Palm Coast Pkwy, NW, Unit 3

Palm Coast, Florida 32137
(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.

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

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CLERK OF THE COURT
JACKSONVILLE, FLORIDA

A. DIRECTORS

☐ Chairman Name: Anthony Riccio
☐ Vice Chairman Address: 4873 Palm Coast Pkwy, NW
☐ Director Unit 3, Palm Coast, FL 32137
☒ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Deneah Bledsoe
☐ Vice Chairman Address: 4873 Palm Coast Pkwy, NW
☐ Director Unit 3, Palm Coast, FL 32137
☐ President _____
☐ Vice President _____
☒ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

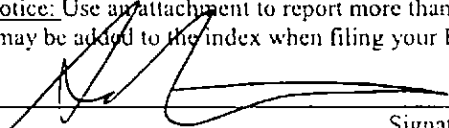
☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ 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. Anthony Riccio
(Typed or printed name and capacity of person signing application)

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "QUANTUM HEALTH SOLUTIONS INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-NINTH DAY OF MAY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "QUANTUM HEALTH SOLUTIONS INC." WAS INCORPORATED ON THE TWENTY-SECOND DAY OF FEBRUARY, A.D. 1999.



A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

3006884 8300

SR# 20204180703

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203016252

Date: 05-29-20



June 9, 2020

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: Quantum Health Solutions, Inc.
Ref #: W20000049764
Letter dated May 20, 2020

Dear Sir/Ma'am:

In reference to the above dated letter requesting additional information and documentation from the State of Delaware, the enclosed is submitted for filing.

Thank you for your assistance with filing and if you have any further questions please contact me via cell at 908-581-1477 or email at ariccio@accessqhs.com.

Sincerely,

A handwritten signature in black ink, appearing to read "ARiccio", is written over a horizontal line.

Anthony Riccio, MA, CEAP, CRRA, CAP, SAP



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 20, 2020

ANTHONY RICCIO
QUANTUM HEALTH SOLUTIONS, INC.
4873 PALM COAST PKWY, NW, UNIT 3
PALM COAST, FL 32137

Are 6-9-20

SUBJECT: QUANTUM HEALTH SOLUTIONS, INC.
Ref. Number: W20000049764

We have received your document for QUANTUM HEALTH SOLUTIONS, INC. and check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Mel Solomon
Senior Section Administrator

Letter Number: 420A00010194

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JUN 15 2020