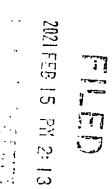
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Special Instructions to	Filing Officer:	
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Office Use Only

2021

COVER LETTER

TO:	_	tration Section on Corporations			
SHBII	FCT·	Frontline Advanced Health Inc.			
3000		Name of o	corporation	- must include suffix	
Dear Si	ir or M	adam:			
"Certifi	icate of	"Application by Foreign Corporation of Existence," or "Certificate of seed foreign corporation to tran	Good Stand	ling" and check are submitte	isiness in Florida," ed to register the
Please	return a	all correspondence concerning	this matter	to the following:	70.
Edward	Lorch				T. T.
			Name of I	Person	(1)
Frontlin	ie Adva	nced Health			V -11
		-	Firm/Com	pany	
76 Prog	ress Dr	., Suite 123			100 19
			Addre	SS	(,)
Stamfor	rd, CT (06902			
		(City/State ar	nd Zip code	
ted@tdr	rdental.				
		E-mail address: (to be used for	or future annual report notifi	cation)
For fur	ther int	formation concerning this matt	er, please ca	all:	
Theodore Randolph 203 536-1410					
	Name	e of Person	Area Code	Daytime Telephone	Number
	Regis Divisi The C 2415	EET/COURIER ADDRESS: tration Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 massee, FL 32303		MAILING ADDI Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 3	on rations
	nake ch	check for the following amour eck payable to: FLORIDA DEP. ng Fee	ARTMENT Fee & □		\$87.50 Filing Fee. Certificate of Status & Certified Copy

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.	Frontline Advanced Health Inc.				
	,	orporation: must include "INCORPORATED orp," "Inc," "Co," or "Corp.")),"	"COMPANY," "CORPORATION,"	
	(If name unavails	able in Florida, enter alternate corporate name	- a	dopted for the purpose of transacting business in Florida)	
2.	Delaware	3	;	85-4044613	
		y under the law of which it is incorporated)		(FEI number, if applicable)	
4.	11/25/2020	5.			
••	(Date	of incorporation)	•	(Date of duration, if other than perpetual)	
6.	No business transacted yet				
7.	76 Progress Dr., S	Suite 123, Stamford, CT 06902	150	02. F.S., to determine penalty liability)	
		((e street address)	=
		(Current maili	ng	g address, if different)	
8.	Name and street	et address of Florida registered agent: (P.6	Ο.	Box NOT acceptable)	
	Name:	Charles Randolph			
О	ffice Address:	7762 Fisher Island Dr.			
		Fisher Island		Florida <u>33109</u>	
		(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 plac designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity, further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duand 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 the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdict 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]:

Chairman	Name:	□Chairman	Name:	
	Address: 76 Progress Dr., Suite 123	□Vice Chairman	76 Progress Dr., Suite 123	
□Director	Stamford, CT 06902	Director	Stamford, CT 06902	
President		President		
□Vice President		□Vice President		
□Secretary	□Treasurer	☐ Secretary	□Treasurer	
Other	Other	Other	□Other	
□Chairman	Charles Randolph	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	76 Progress Dr., Suite 123	
■ Director	Stamford, CT 06902	□Director	Stamford, CT 06902	
□President		□President	727 -	
□Vice President		□Vice President		
☐ Secretary	□Treasurer	■ Secretary	□ Treasurer.	
Other	Other	□Other	1.0	
□Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address: 76 Progress Dr., Suite 123	□Vice Chairman	Address:	
Director	Stamford, CT 06902	Director		
□President		□President		
■Vice President		□Vice President		
□Secretary	□Treasurer	☐ Secretary	□Treasurer	
□Other	□Other	□Other	Other	
	Use an attachment to report more than six (6). The cadded to the index when filing your Florida Depa			
12. Edward J. L	orch Signature of Direc	0.00	<u> </u>	
	Signature of Direc			
	ctor signing this document (and who is listed in nu alse information submitted in a document to the De			

s.817.155, F.S.

Edward J. Lorch, President

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "FRONTLINE ADVANCED HEALTH 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 FOURTH DAY OF JANUARY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FRONTLINE

ADVANCED HEALTH INC" WAS INCORPORATED ON THE TWENTY-FIFTH DAY OF

NOVEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES

ON
HAVE BEEN ASSESSED TO DATE.

Authentication: 202206596

Jeffrey W. Butlock, Secretary of State

Date: 01-04-21