

F21000001314

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

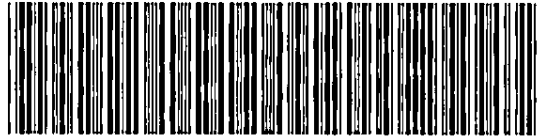
☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____



100360632451

Special Instructions to Filing Officer:

"PA"

W21000030034
W21000028350
W21000021887C 04185

Office Use Only

SPF
3/10/21

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 02/23/2021

****WALK IN****

ENTITY NAME EQUIP HEALTH MEDICAL, P.C., Inc.

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

_____	<i>Plain Copy</i>
XXXX	<i>Certified Copy</i>
XXXX	<i>Certificate of Status</i>

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

_____	<i>Certified Copy of Arts & Amendments</i>
_____	<i>Certificate of Good Standing</i>

****APOSTILLE' / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$87.50

ACCOUNT #: I20160000072

Please call Tina at the above number for any issues or concerns. Thank you so much!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Equip Health Medical, P.C., 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:

Kristina Saffran

Name of Person

Equip Health Medical, P.C.

Firm/Company

2674 Costabelle Drive

Address

La Jolla, CA 92037

City/State and Zip code

kristina@equip.health

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

For further information concerning this matter, please call:

Kristina Saffran

at (619) 350-6290

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

21 MAR -9 PM 1:06

March 4, 2021

SUNSHINE STATE CORPORATE COMPLIANCE COMPANY

SUBJECT: EQUIP HEALTH MEDICAL, P.C.
Ref. Number: W21000030034

CORRECTED
Please Allow For
Same File Date

2/23/21

We have received your document for EQUIP HEALTH MEDICAL, P.C. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Missing corporate suffix on alternate business name.

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.

Sharon D Franklin
Regulatory Specialist II

Letter Number: 021A00004626

**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. Equip Health Medical, P.C., Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. California 3. 85-1430172
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 04/17/2020 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. 2674 Costebelle Drive, La Jolla, CA 92037
(Principal office street address)

(Current mailing address, if different)

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

Name: Katherine Hill, M.D.

Office Address: 7643 Gate Parkway
Jacksonville, Florida 32256
(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.

Katherine Hill, M.D.
(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 Katherine Hill, M.D.
☐ Vice Chairman Address 2674 Costebelle Drive
☐ Director La Jolla, CA 92037
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

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


☐ Chairman Name: Katherine Hill, M.D.
☐ Vice Chairman Address: 2674 Costebelle Drive
☐ Director La Jolla, CA 92037
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other CEO ☐ 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. Katherine Hill, M.D., Chief Executive Officer
(Typed or printed name and capacity of person signing application)



Secretary of State Certificate of Status

I, SHIRLEY N. WEBER, Ph.D., Secretary of State of the State of California, hereby certify:

Entity Name: EQUIP HEALTH MEDICAL, P.C.
File Number: C4587870
Registration Date: 04/17/2020
Entity Type: DOMESTIC STOCK CORPORATION
Jurisdiction: CALIFORNIA
Status: ACTIVE (GOOD STANDING)

As of February 21, 2021 (Certification Date), the entity is authorized to exercise all of its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the Certification Date and does not reflect documents that are pending review or other events that may affect status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of February 22, 2021.

SHIRLEY N. WEBER, Ph.D.
Secretary of State

Certificate Verification Number: RP211MR

To verify the issuance of this Certificate, use the Certificate Verification Number above with the Secretary of State Certification Verification Search available at bizfile.sos.ca.gov/certification/index.