Division of Corporations

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : INCORP SERVICES INC

Account Number : 120120000007 Phone : (702)866-2500

Fax Number : (702)866-2689

**Enter the email address for this business entity to be used for $ilde{ t t}$ annual report mailings. Enter only one email address please.*

Email Address: docuemnts@incorp.com

FOREIGN PROFIT/NONPROFIT CORPORATION

Washington Physicians Health Program, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

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Corporate Filing Menu

Help



3/26/202

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COVER LETTER

TO:	_	tion Section n of Corporations					
STIP	ECT:	Washii	ngton Physici	ans Health	Program, Inc.		
\$0.00	EC1:	Name o	f Corporation	- must inc	lude suffix		
Dear S	Sir or Mad	am:					
Affair	s in Florid	pplication by Foreign Na", "Certificate of Exist e referenced not for pro	ence", or "Cer	tificate of S	Status" and che	ck are submitted to	
Please	return all	correspondence concer	ning this matt	er to the fol	lowing:		
			Joanna Fei	nandez			
	•		Name of	Person			
			InCorp Ser	vices, Inc.			
	-		Firm/Co	mpany			
	3773 Howard Hughes Pkwy Suite 5005						
	-		Addr	ess	<u>.</u>		
	Las Vegas, NV 89169-6014						
	City/State and Zip Code						
			Documents@	incorp.cor	n		
	-	E-mail address: (to	be used for fu	ture annual	report notifica	ation)	
For fi	rther info	mation concerning this	matter, please	call:			
Joann	a Fernan	dez for InCorp Servic	es, Inc.		(702) 8	66-2500	
		Name of Person	at	rea Code	Daytime Tel	lephone Number	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314				Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
Please		=	DEPARTMEN	□\$78.75 F	TE iling Fee & ed Copy	□\$87.50 Filing Fee, Certificate of Status & Certified Copy	

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APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

, Washingtor	n Physicians Health Program	n, Inc.					
(Name of corpo	oration: must include the word age as will clearly indicate tha present. "Company" or "Co." n	*INCORPORATE It it is a corporation	n instead of a natural i	person or partnershi	p if not so	s of like contains	≓ ed
(If name unav	ailable in Florida, enter alterna	ite corporate name	adopted for the purpo	ose of transacting b	usin ess in I	·lorida)	-
2. Washingto	n intry under the law of which it	3.	(FEI n	number, if applicabl	e)		_
	•	-	Perpetual		•		
(1	Date of Incorporation)		(Date of d	uration, if other tha	n perpetual)	-
6. Upon Filing							
(Date first cond	ducted affairs in Florida if prior	to registration. See	sections 617.1501 & C	\$17.1502, F.S, to det	ermine pend	alty liabi	īliņ.)
a 1200 6th Av	venue Suite 850, Seattle,	WA 98101					
7. 1200 00770	rando Cana des, Costas,	(Principal office	e street address)				-
		Witrent mailing	address, if different)				-
		(Curtont mannig	address, if differently				
- To facilitate	the rehabilitation of heal	theare professi	onals who have n	hysical or ments	al conditio	ากร	
8. (Purpose(s) of	the rehabilitation of heal corporation authorized in home	e state or country	to be carried out in th	e state of Florida)		~~~	_
					19. CS	021 MAR 2	
9. Name and <u>st</u>	reet address of Florida regis	tered agent: (P.C). Box <u>NOT</u> accept	sble)		₩	
	In Court Countries Inco					2	Section .
Name:	InCorp Services, Inc.			<u> </u>	_ ```	-	England E
Office Address	17888 67th Court North	<u>1</u>		_	_W.W.	PH	7 1 3
	Loxahatchee		_, Florida <u>33470</u>		Sist	ယ္က O	
	(City)			(Zip Code)		0	
10 Pagistara	d agent's acceptance:						
Having been no	amed as registered agent a	nd to accept serv	ice of process for t	he above stated co	orporation	ı at the	place
further agree to	his application, I hereby ac o comply with the provision iar with and accept the obl	is of all statutes	relative to the prop	er and complete p	to act in th performan	ils cape ice of n	acity. Į ny dutles
	1	1					
	Land Kr						
	- January Jem	mayrz.	Joanna Femande	z on behalf of InC	Corp Serv	rices, l	nc.
	Janua Jan	(Registered	agent's signature)	-			
11. Attached is	s a certificate of existence d						
the Departi	ment of State, by the Secreta a under the law of which it i	ary of State or ot					

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

A. DIRECTOR					
Chairman	Name: Tom Miller	□ Chairman	Name: Kristin Kenny		
□Vice Chairman	Address: 1200 6th Avenue Suite 850	□Vice Chairman	Address: 1200 6th Avenue Suite 850		
□Director	Seattle, WA 98101	□Director	Seattle, WA 98101		
□President		□President			
□ Vice President		□ Vice President			
Secretary	Treasurer	Secretary	Treasurer		
□Other:	□ Other:	Other:	Other:		
Chairman	Name: Paris Kallas	Chairman	Name: Matthew Layton		
□Vice Chairman	Address: 1200 6th Avenue Suite 850	Vice Chairman	Address: 1200 6th Avenue Suite 850		
□ Director	Seattle, WA 98101	□Director	Seattle, WA 98101		
□President		□President			
□Vice President		□ Vice President			
Secretary	Treasurer	□\$ecretary	Treasurer		
Other:	☐ Other:	Other:	Orther:		
□ Chairman	Name: Sheldon Cooper	□ Chairman	Name:		
□ Vice Chairman	1200 6th Avenue Sulte 850	□ Vice Chairman			
Director	Seattle, WA 98101	Director	Address.		
□President		□President			
□Vice President		□ Vice President			
□ Secretary	Treasurer	Secretary	□Treasurer		
Other:	Other:	Other:	Other:		
	t Notice: Use an attachment to report more the riduals may be added to the index when filing				
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)					
14. Sheldon Cooper, Director (Typed or printed name and capacity of person signing application)					

MARK-

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The State of Washington

Secretary of State

I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

WASHINGTON PHYSICIANS HEALTH PROGRAM

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 06/22/1987.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date:

03/26/2021

UBI Number: 601 032 051

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Kim Wyman, Secretary of State

Kin Ulgna

Date Issued: 03/26/2021