

4/12/2021

Division of Corporations

F21 00001995

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
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PALM BEACH, FL

FOREIGN PROFIT/NONPROFIT CORPORATION**ONR National, Speech Pathology, Inc.**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

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.

QNR National, Speech Pathology, Inc.

1. _____
(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)
California 77-0415051

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

4. 11/21/1995 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. Upon filing
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
8500 Bluffstone Cove, Ste. A-201, Austin, Texas 78759

7. _____
(Principal office address)

Same

(Current mailing address, if different)

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

CT Corporation System

Name: _____

1200 South Pine Island Road

Office Address: _____

Plantation

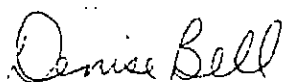
33324

_____, Florida _____
(City) (Zip code)

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 SECRETARY OF STATE
 TALLAHASSEE, FL

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.



Denise Bell

Assistant Secretary

(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. Names and business addresses of officers and/or directors:

A. DIRECTORS

Jill D. Capela
Chairman: _____
8500 Bluffstone Cove, Ste A-201
Address: _____
Austin, TX 78759

Janis B. Jones
Vice Chairman: _____
8500 Bluffstone Cove, Ste A-201
Address: _____
Austin, TX 78759

Jill D. Capela
Director: _____
8500 Bluffstone Cove, Ste A-201
Address: _____
Austin, TX 78759

Janis B. Jones
Director: _____
8500 Bluffstone Cove, Ste A-201
Address: _____
Austin, TX 78759

B. OFFICERS

Jill D. Capela
President: _____
8500 Bluffstone Cove, Ste A-201
Address: _____
Austin, TX 78759

Vice President: _____
Address: _____

Janis B. Jones
Secretary: _____
8500 Bluffstone Cove, Ste A-201, Austin, TX 78759
Address: _____

Treasurer: _____
Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

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.

Janis B. Jones, Secretary

13. _____
(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: ONR NATIONAL, SPEECH PATHOLOGY, INC.
File Number: C1953451
Registration Date: 11/21/1995
Entity Type: DOMESTIC STOCK CORPORATION
Jurisdiction: CALIFORNIA
Status: ACTIVE (GOOD STANDING)

As of April 8, 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 April 9, 2021.

A handwritten signature in black ink, appearing to read "Shirley N. Weber".

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

Certificate Verification Number: ZNJLVWR

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