

F210000002982

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

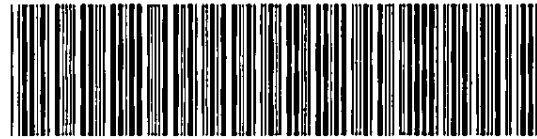
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/25/21--01017--004 **78.75

FILED
21 MAY 17 PM 12:30
CLERK OF STATE
TALLAHASSEE, FLORIDA

15/05/21

15/05/21

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MedCare Staffing, 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:

Thomas Harbin

Name of Person

MedCare Staffing, Inc.

Firm/Company

450 Old Peachtree Road NE Suite 101

Address

Suwanee, GA 30024

City/State and Zip code

tharbin@medcarestaffing.com

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

For further information concerning this matter, please call:

Tom Harbin

at 770

904-5012

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

April 15, 2021

THOMAS HARBIN
450 OLD PEACHTREE RD NE STE 101
SUWANEE, GA 30024

SUBJECT: MEDCARE STAFFING, INC.
Ref. Number: W21000050951

We have received your document for MEDCARE STAFFING, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(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.

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.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 421A00007781

RECEIVED
MAY 17 2021

**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. MedCare Staffing, 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. Georgia

(State or country under the law of which it is incorporated)

3. 04-3610753

(FEI number, if applicable)

4. 02/20/2002

(Date of incorporation)

5. _____

(Date of duration, if other than perpetual)

6. 01/02/2020

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 450 Old Peachtree Road, NW Suite 101, Suwanee, GA 30024

(Principal office street address)

(Current mailing address, if different)

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

Name: Cogency Global Inc.

Office Address: 115 North Calhoun Street, Suite 4

Tallahassee

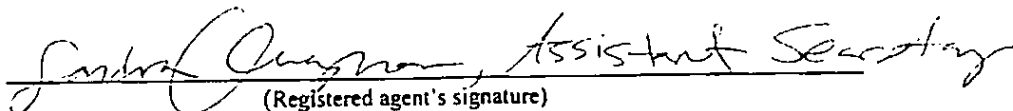
(City)

Florida 32301

(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]:

A. DIRECTORS

☐ Chairman Name: Thomas Harbin
☐ Vice Chairman Address: 6922 Conifer Court
☐ Director Flowery Branch, GA 30542
☒ President Thomas Harbin
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Rutherford Polhill
☐ Vice Chairman Address: 4051 Saint Andrews Square
☐ Director Duluth, GA 30096
☐ President _____
☐ Vice President _____
☐ Secretary ☒ Treasurer
☐ Other _____ ☐ Other _____

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

☐ Chairman Name: Rhonda Polhill
☐ Vice Chairman Address: 4051 Saint Andrews Square
☐ Director Duluth, GA 30096
☐ 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. Thomas K. Harbin
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. Thomas K. Harbin, Partner
(Typed or printed name and capacity of person signing application)

STATE OF GEORGIA

Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

Annual Registration

Electronically Filed

Secretary of State

Filing Date: 01/07/2021 08:17:08

BUSINESS INFORMATION

BUSINESS NAME : MEDCARE STAFFING, INC.
CONTROL NUMBER : 0209408
BUSINESS TYPE : Domestic Profit Corporation
ANNUAL REGISTRATION PERIOD : 2021

BUSINESS INFORMATION CURRENTLY ON FILE

PRINCIPAL OFFICE ADDRESS : 450 Old Peachtree Rd NW, Suite 101, Suwanee, GA, 30024, USA
REGISTERED AGENT NAME : Harbin, Thomas
REGISTERED OFFICE ADDRESS : 4411 Suwanee Dam RD, Suite 110, Suwanee, GA, 30024, USA
REGISTERED OFFICE COUNTY : Gwinnett

OFFICER	TITLE	ADDRESS
Rhonda B Polhill	Secretary	450 Old Peachtree Rd NW, Suite 101, Suwanee, GA, 30024, USA
Rutherford B Polhill	CFO	450 Old Peachtree Rd NW, Suite 101, Suwanee, GA, 30024, USA
THOMAS K HARBIN	CEO	450 Old Peachtree Rd NW, Suite 101, Suwanee, GA, 30024, USA

UPDATES TO ABOVE BUSINESS INFORMATION

PRINCIPAL OFFICE ADDRESS : 450 Old Peachtree Rd NW, Suite 101, Suwanee, GA, 30024, USA
REGISTERED AGENT NAME : Thomas K Harbin
REGISTERED OFFICE ADDRESS : 450 Old Peachtree Rd, NW, Suite 101, Suwanee, GA, 30024, USA
REGISTERED OFFICE COUNTY : Gwinnett

OFFICER	TITLE	ADDRESS
Rhonda B Polhill	Secretary	450 Old Peachtree Rd NW, Suite 101, Suwanee, GA, 30024, USA
Rutherford B Polhill	CFO	450 Old Peachtree Rd NW, Suite 101, Suwanee, GA, 30024, USA
THOMAS K HARBIN	CEO	450 Old Peachtree Rd NW, Suite 101, Suwanee, GA, 30024, USA

AUTHORIZER INFORMATION

AUTHORIZER SIGNATURE : Rutherford Polhill
AUTHORIZER TITLE : Authorized Person

STATE OF GEORGIA

Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

MEDCARE STAFFING, INC.

a Domestic Profit Corporation

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 20923963
Date Inc/Auth/Filed: 02/20/2002
Jurisdiction : Georgia
Print Date : 05/11/2021
Form Number : 211



Brad Raffensperger

Brad Raffensperger
Secretary of State