

3/4/22, 10:32

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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 : ALLSTATE CORPORATE SERVICES CORP  
Account Number : I20040000031  
Phone : (800)906-9220  
Fax Number : (800)906-9880

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

FOREIGN PROFIT/NONPROFIT CORPORATION  
HEALTH SOS P.T. P.C.

|                       |         |
|-----------------------|---------|
| Certificate of Status | 1       |
| Certified Copy        | 0       |
| Page Count            | 05      |
| Estimated Charge      | \$78.75 |

2022 MAR -4 AM 11:20

**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. HEALTH SOS P.T. P.C.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

HEALTH SOS P.T. PROFESSIONAL CORPORATION

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

2. NEW YORK

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

3. \_\_\_\_\_

(FEI number, if applicable)

4. 07/11/2005

(Date of incorporation)

5. \_\_\_\_\_

(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. 131 S. OCEAN BLVD., MANALAPAN, FL 33462

(Principal office street address)

1235 FIFTH AVE., NEW YORK, NY 10029

(Current mailing address, if different)

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

Name: Registered Agent Solutions, Inc.

Office Address: 155 Office Plaza Dr. Suite A

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.*

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

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TALLAHASSEE, FLORIDA

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**A. DIRECTORS**

☐ Chairman Name: Sandra Foschi  
☐ Vice Chairman Address: 9328 SE Mystic Cove Terrace  
☐ Director Hobe Sound, FL 33455  
☒ 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 \_\_\_\_\_

☐ 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. Sandra Foschi

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 8.817.155, F.S.

13. Sandra Foschi, President

(Typed or printed name and capacity of person signing application)

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

|                                  |   |
|----------------------------------|---|
| Entity Name:                     | HEALTH SOS P.T. P.C.                      |
| DOS ID Number:                   | 3228829                                   |
| Entity Type:                     | DOMESTIC PROFESSIONAL SERVICE CORPORATION |
| Entity Status:                   | EXISTING                                  |
| Date of Initial Filing with DOS: | 07/11/2005                                |
| Statement Status:                | CURRENT                                   |
| Statement Due Date:              | 07/31/2023                                |

I certify that the following is a list of documents on file in the Department of State for said entity:

|                 |                              |
|-----------------|------------------------------|
| Document Type:  | CERTIFICATE OF INCORPORATION |
| Date of Filing: | 07/11/2005                   |
| Entity Name:    | HEALTH SOS P.T. P.C.         |

|                 |                    |
|-----------------|--------------------|
| Document Type:  | BIENNIAL STATEMENT |
| Date of Filing: | 04/06/2011         |
| Effective Date: | 07/01/2009         |

|                 |                    |
|-----------------|--------------------|
| Document Type:  | BIENNIAL STATEMENT |
| Date of Filing: | 08/02/2011         |
| Effective Date: | 07/01/2011         |

Document Type: DISSOLUTION BY PROCLAMATION  
Date of Filing: 10/26/2011

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Document Type: ANNULMENT OF DISSOLUTION  
Date of Filing: 06/20/2012

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Document Type: BIENNIAL STATEMENT  
Date of Filing: 08/12/2013  
Effective Date: 07/01/2013

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Document Type: AMENDMENT TO BIENNIAL STATEMENT  
Date of Filing: 09/09/2013  
Effective Date: 07/01/2013

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Document Type: CERTIFICATE OF CHANGE  
Date of Filing: 10/31/2013

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Document Type: BIENNIAL STATEMENT  
Date of Filing: 07/30/2015  
Effective Date: 07/01/2015

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Document Type: BIENNIAL STATEMENT  
Date of Filing: 07/05/2017  
Effective Date: 07/01/2017

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Document Type: BIENNIAL STATEMENT  
Date of Filing: 07/05/2019  
Effective Date: 07/01/2019

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Document Type: BIENNIAL STATEMENT  
Date of Filing: 11/11/2021

Above space is left blank intentionally.

No information is available from this office regarding the financial condition, business activity or practices of this entity.

WITNESS my hand and official seal of the Department  
of State, at the City of Albany, on March 04, 2022 at  
10:15 A.M.



ROBERT J. RODRIGUEZ, Secretary of State

*Brendan C. Hughes*

By Brendan C. Hughes  
Executive Deputy Secretary of State