

F23000001980

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

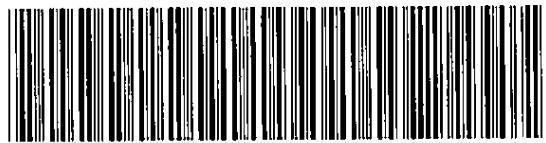
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2023 APR -6 PM 5:18

RECEIVED
DIVISION OF
CORPORATIONS
FLORIDA

2023 APR -6 PM 1:43

APR 05 2023

K. Brumby

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 04/06/2023

****WALK IN****

ENTITY NAME Electronic Caregiver, Inc.

DOCUMENT NUMBER _____

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

XXXXXX

Plain Copy

Certified Copy

Certificate of Status

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

Certified Copy of Arts & Amendments

Certificate of Good Standing

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

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$70.00

ACCOUNT #: I20160000072

E. R. J. M.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Electronic Caregiver, 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:

Sharon Urban

Name of Person

Harbor Compliance

Firm/Company

1830 Colonial Village Lane

Address

Lancaster, PA 17601

City/State and Zip code

surban@harborcompliance.com

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

For further information concerning this matter, please call:

Sharon Urban

at (717) 229-0387

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 & ☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee,

**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. Electronic Caregiver, Inc.
(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)
2. Nevada 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 02/20/2009 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. 506 S. Main Street, Suite 1000, Las Cruces, NM 88001
(Principal office street address)
- _____
(Current mailing address, if different)

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

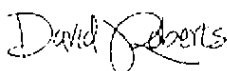
Name: Registered Agents Inc

Office Address: 7901 4th St N STE 300

St. Petersburg, Florida 33702
(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.



(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.

2023 APR -6 PM 5:18
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AND
RECORDED

A. DIRECTORS

☒ Chairman Name: Anthony Dohrmann
☐ Vice Chairman Address: 506 S. Main Street, Suite 1000
☐ Director Las Cruces, NM 88001
☐ President _____
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☒ Other CEO ☐ Other _____

☐ Chairman Name: Jorge Sanchez
☐ Vice Chairman Address: 506 S. Main Street, Suite 1000
☐ Director Las Cruces, NM 88001
☐ President _____
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☒ Other CFO ☐ Other _____

☐ Chairman Name: Joseph M. Baffoe
☐ Vice Chairman Address: 506 S. Main Street, Suite 1000
☐ Director Las Cruces, NM 88001
☒ President _____
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☒ Other Corporate Finance ☐ Other _____

☐ Chairman Name: Dr. David Keeley
☐ Vice Chairman Address: 506 S. Main Street, Suite 1000
☐ Director Las Cruces, NM 88001
☐ President _____
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☒ Other CTO ☐ Other _____

☐ Chairman Name: John Munoz
☐ Vice Chairman Address: 506 S. Main Street, Suite 1000
☐ Director Las Cruces, NM 88001
☐ President _____
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☒ Other TeleCare Operations Officer ☐ Other _____

☐ Chairman Name: Mark Franics
☐ Vice Chairman Address: 506 S. Main Street, Suite 1000
☐ Director Las Cruces, NM 88001
☐ President _____
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☒ Other Chief Human Resources Officer ☐ 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. Anthony Dohrmann
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. Anthony Dohrmann, CEO
(Typed or printed name and capacity of person signing application)

Electronic Caregiver, Inc.

Albert Parra - Chief Human Resources Officer
506 S. Main Street, Suite 1000
Las Cruces, NM 88001

Dan Arvizu - Director
506 S. Main Street, Suite 1000
Las Cruces, NM 88001

Allan R. Landon - Director
506 S. Main Street, Suite 1000
Las Cruces, NM 88001

Dean Harlow - Director
506 S. Main Street, Suite 1000
Las Cruces, NM 88001

William Houngh-Lee - Director
506 S. Main Street, Suite 1000
Las Cruces, NM 88001

John Hummer - Director
506 S. Main Street, Suite 1000
Las Cruces, NM 88001

Raymond J. Maratea - Director
506 S. Main Street, Suite 1000
Las Cruces, NM 88001

Jay Patel - Director
506 S. Main Street, Suite 1000
Las Cruces, NM 88001

Kiel Hoffman - Director
506 S. Main Street, Suite 1000
Las Cruces, NM 88001

Steve Pearce - Director
506 S. Main Street, Suite 1000
Las Cruces, NM 88001

Carol Noel - Director

OFFICE OF THE SECRETARY OF STATE
OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that,
according to the records of this office,

Electronic Caregiver, Inc.

is an entity formed or registered under the law of New Mexico, has complied with all
applicable requirements of this office, and is in good standing with this office. This entity has
been assigned entity identification number 20221019606 and has provided the assumed entity
name for use in Colorado

Electronic Caregiver, Inc.

This certificate reflects facts established or disclosed by documents delivered to this office on
paper through 03/28/2023 that have been posted, and by documents delivered to this office
electronically through 03/30/2023 @ 09:49:21.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this
official certificate at Denver, Colorado on 03/30/2023 @ 09:49:21 in accordance with applicable law. This
certificate is assigned Confirmation Number 14830833.



Jena Griswold

Secretary of State of the State of Colorado

*****End of Certificate*****

Notice: A certificate issued electronically from the Colorado Secretary of State's website is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's website, <https://www.coloradosos.gov/biz/CertificateSearchCriteria.do> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Continuing the issuance of a certificate is