F23000004265

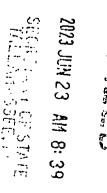
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
W23000091490				

Office Use Only



800411094248

06/23/23--01009--023 **78.75



COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Healthcare Developme	nt Partners, Inc.			
		- must include suffix		
Dear Sir or Madam:				
The enclosed "Application by Forei "Certificate of Existence," or "Certiabove referenced foreign corporation	ficate of Good Stand	ding" and check are sub-		
Please return all correspondence co	ncerning this matter	to the following:		
Louis C. Morgenier				
	Name of I	Person	•.	
Healthcare Development Partners, Inc.				
	Firm/Com	pany		
130 SE Tramonto Street				
	Addre	ss		
Port St. Lucie, Florida 34984				
	City/State ar	nd Zip code	-	
Imorgenier@healthcaredevelopment.co				
E-mail a	ddress: (to be used f	or future annual report n	otification)	
For further information concerning	this matter, please co	all:		
Louis Morgenier	772	Daytime Teleph		
Name of Person	Area Code	Daytime Teleph	none Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Registration Son Division of Co P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
	DA DEPARTMENT	OF STATE 378.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy	

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.

	sopment Partners, Inc.	WOOLD AND WEST STORY	11
	orporation; must include "INCORPORATED,' orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,	
	• •		
(If name unavails	able in Florida, enter alternate corporate name	adopted for the purpose of transacting	business in Florida)
Obligation (State or country under the law of which it is incorporated)		82-4425994	
(State or countr	y under the law of which it is incorporated)	(FEI number, if app	licable)
Unhavent 12	2010		
(Date of incorporation)		(Date of duration, if other than perpetual)	
May	1, 2023		
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15		/)
130 SE Tramonto	Street, Port St. Lucie, Florida 34984		
		ce street address)	
	(Current mailin	g address, if different)	
	•	,	
Name and stree	et address of Florida registered agent: (P.C). Box NOT acceptable)	
Name:	Louis Morgenier		
ffice Address:	130 SE Tramonto Street		
Office Address:	Port St. Lucie	, Florida ³⁴⁹⁸⁴	2023 JUN 23 SELECAN
	(City)	(Zip code)	
Registered age	ent's acceptance:		23
aving been nam	ned as registered agent and to accept servi	ce of process for the above stated	
esignated in this	application, I hereby accept the appointn	ient as registered agent and agree	to act in this capacit
	omply with the provisions of all statutes re with and accept the obligations of my po		performance of my a — 🚬 ယ
			lui 🙃
	Louis Morganier		
	(Registered agent's si	gnature)	
	·		

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 Louis Morgenier Name: ■ Chairman □Chairman Address: ____ ☐ Vice Chairman Address: □Vice Chairman 130 SE Tramonto Street □ Director □ Director Port St. Lucie, FL 34984 ■ President □ President ☐ Vice President ☐ Vice President ☐ Secretary ☐ Treasurer ☐ Secretary Treasurer Other] Other _____ Other _____ □Other ____ □ Chairman Name: _____ □ Chairman Name: Address: _____ □ Vice Chairman Address: ☐Vice Chairman □ Director Director ☐ President ☐ President □ Vice President _____ ☐Vice President ☐ Secretary Treasurer ☐ Secretary Treasurer Other _____ □Other _____ □Other _____ Other ____ □ Chairman Name: ☐ Chairman Name: _____ □Vice Chairman Address: _____ ☐ Vice Chairman Address: Director ☐ Director ☐ President □ President □Vice President ☐Vice President ☐ Secretary □ Treasurer ☐ Secretary Treasurer ☐ Other _____ □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. <u>Louis Morganier</u> 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. Louis Morgenier, Chairman



The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "HEALTHCARE DEVELOPMENT PARTNERS, INC."

IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS

IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE

RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTY-FIRST DAY OF MAY,

A.D. 2023.

Authentication: 203455420

Date: 05-31-23