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5/16/24, 10:02 AM

Division of Corporations

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : COGENCY GLOBAL, INC.
Account Number : I20000000088
Phone : (800)221-0102
Fax Number : (800)944-6607

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

Email Address: michael.boxer@rightsithehealth.com

FOREIGN PROFIT/NONPROFIT CORPORATION

RightSite Health Community Foundation Corp.

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

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APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

1. RightSite Health Community Foundation Corp.

(Name of corporation; must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

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

2. Delaware 3. 92-3416606
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 03/29/2023 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. _____
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S., to determine penalty liability)

7. 10151 Deerwood Park Blvd. Building 400 - Suite 200, Jacksonville, FL 32256-0588
(Principal office street address)

(Current mailing address, if different)

8. Charitable and educational purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code.
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

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

Name: Registered Agent Solutions, Inc.

Office Address: 2894 Remington Green Lane, Suite A

Tallahassee, Florida 32308
(City) (Zip Code)

10. 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.

/s/ Brian Smith

(Registered agent's signature)

11. 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.

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
24 MAY 16 PM 3:55

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12. 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: Michael Boxer
☐ Vice Chairman Address: 1100 NE Loop 410, Suite 850
☒ Director San Antonio, TX 78209
☒ President _____
☐ Vice President _____
☐ Secretary ☒ Treasurer _____
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Jamo Rubin
☐ Vice Chairman Address: 1100 NE Loop 410, Suite 850
☒ Director San Antonio, TX 78209
☐ President _____
☐ Vice President _____
☒ Secretary ☐ Treasurer _____
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Theodoros Koutsoubas
☐ Vice Chairman Address: 1100 NE Loop 410, Suite 850
☒ Director San Antonio, TX 78209
☐ 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: _____

NOTE: 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.

13. Michael Boxer
 (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. President Michael Boxer
 (Typed or printed name and capacity of person signing application) (((H24000176198 3)))

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Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "RIGHTSITE HEALTH COMMUNITY FOUNDATION"
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 THIRD DAY OF APRIL, A.D.
2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CORPORATION
IS AN EXEMPT CORPORATION.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE
BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RIGHTSITE HEALTH
COMMUNITY FOUNDATION" WAS INCORPORATED ON THE TWENTY-NINTH DAY OF
MARCH, A.D. 2023.




Jeffrey W. Bullock, Secretary of State

7379106 8300C

SR# 20241295837

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203176444

Date: 04-03-24

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