

F24000003773

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

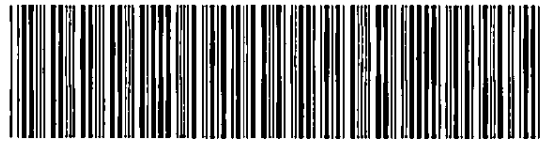
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
2024 JUL 12 PM 4:00  
SECRETARY OF STATE

F. LEHEUX  
JUL 17 2024

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Heali Medical Corp  
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:

HEATHER SLOAN  
Name of Person

HEALI MEDICAL CORP  
Firm/Company

371 BRADWICK DRIVE UNIT 1  
Address

CONCORD ONTARIO L4K 2P4  
City/State and Zip code

heather@healimedical.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HEATHER SLOAN at ( 416 ) 904-9745  
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

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1505, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

1. HEALI MEDICAL CORP  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"LLC," "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. ONTARIO CANADA EIN - 98-1726385  
(State or country under the law of which it is incorporated) (EIN number, if applicable)

3. AUG 4 2020  
(Date of incorporation) (Date of dissolution, if other than perpetual)

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

5. 6151 Lake Osprey Drive - 3rd floor Sarasota, FL, 34240  
(Principal office street address)

(Current mailing address, if different)

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

Name Legalinc Corporate Services Inc.

Office Address 476 Riverside Ave.

Jacksonville

(City)

Florida 32202

(Zip code)

7. 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.*

John Moseley, Asst. Secretary on behalf  
of Legalinc Corporate Services Inc.  
*John Moseley*  
(Registered agent's signature)

8. 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.

FILED  
2024 JUL 12 PM 4:00  
SECRETARY OF STATE

A. DIRECTORS

☐ Chairman Name: HEATHER SLOAN  
☐ Vice Chairman Address: 371 Bradwick Drive  
☒ Director UNIT 1  
☐ President Concord ON  
☐ Vice President L4K 2P4  
☐ Secretary ☐ Treasurer  
☐ Other ☐ Other

☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other ☐ Other

☐ Chairman Name: ENWEI LI  
☐ Vice Chairman Address: 371 Bradwick Drive  
☒ Director UNIT 1  
☐ President Concord ON  
☐ Vice President L4K 2P4  
☐ 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. HEATHER SLOAN ENWEI LI  
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. HEATHER SLOAN - CO FOUNDER + CO PRESIDENT  
(Typed or printed name and capacity of person signing application)  
ENWEI LI - CO FOUNDER + CO PRESIDENT



Ministry of Public and  
Business Service Delivery  
Ministère des Services au public et  
aux entreprises

## Certificate of Status

## Attestation du statut juridique

Business Corporations Act

Loi sur les sociétés par actions

This is to certify that

La présente vise à attester que

HEALI MEDICAL CORP.

Corporation Name / Dénomination sociale

2769841

Ontario Corporation Number / Numéro de société de l'Ontario

is a corporation incorporated, amalgamated or continued  
under the laws of the Province of Ontario according to the  
electronic records maintained by the Ministry of Public and  
Business Service Delivery.

est, selon les dossiers électroniques du dossier du ministère  
des Services au public et aux entreprises, une société  
constituée, issue d'une fusion ou qui continue d'être  
exploitée en vertu des lois de la province de l'Ontario.

The corporation came into existence on August 04, 2020  
and has not been dissolved.

La société a vu le jour le 04 août 2020  
et n'a pas été dissoute.

A handwritten signature in black ink, appearing to read "V. Quintanilla W.".

Director / Directeur

Business Corporations Act / Loi sur les sociétés par actions

Certified a true copy of the record of the  
Ministry of Public and Business Service Delivery.

A handwritten signature in black ink, appearing to read "V. Quintanilla W.".

Director/Registrar



Copie certifiée conforme du dossier du  
ministère des Services au public et aux  
entreprises.

A handwritten signature in black ink, appearing to read "V. Quintanilla W.".

Directeur ou registrateur