

F24000005431

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

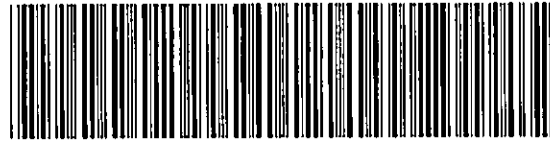
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CT CORP
(850) 656-4724
3458 lakesore Drive
Tallahassee, FL 32312

Date: 10/16/2024

Acc#I20160000072

en: c DW

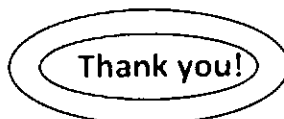
Name:	AllOne Health Resources Inc.
Document #:	
Order #:	15893506

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>	Email Address for Annual Report Notifications: <div></div>
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Availability _____
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Verifier _____
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Ref# _____

Amount: \$ **78.75**



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AllOne Health Resources, 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:

Ronald Morris

Name of Person

AllOne Health Resources, Inc.

Firm/Company

100 N PENNSYLVANIA AVE

Address

WILKES-BARRE, PA 18701

City/State and Zip code

peter.castelline@allonehealth.com

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

For further information concerning this matter, please call:

Ronald Morris

at (272) 268-4005

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 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. AllOne Health Resources, 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. Pennsylvania 3. 23-2361255
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 08/20/1985 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. 05/19/2015
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 100 North Pennsylvania Avenue
(Principal office street address)

Wilkes-Barre, PA 18701-3507

(Current mailing address, if different)

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation FL 33324
(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.

C T Corporation System

By: SEAN L. EMERICK, 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]:

2021 OCT 15 11:00Z

A. DIRECTORS

☐ Chairman Name: Keith Wasley
☐ Vice Chairman Address: 100 North Pennsylvania Avenue
☐ Director Wilkes-Barre, PA 18701-3507
☒ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Alan S. Hollander
☐ Vice Chairman Address: 100 North Pennsylvania Avenue
☒ Director Wilkes-Barre, PA 18701-3507
☐ President _____
☐ Vice President _____
☒ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Paul H. Rooney, Jr.
☐ Vice Chairman Address: 100 North Pennsylvania Avenue
☒ Director Wilkes-Barre, PA 18701-3507
☐ President _____
☐ Vice President _____
☐ Secretary ☒ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Paul Rooney
☐ Vice Chairman Address: 100 North Pennsylvania Avenue
☐ Director Wilkes-Barre, PA 18701-3507
☐ President _____
☐ Vice President _____
☐ Secretary ☒ Treasurer
☐ Other _____ ☐ Other _____

☒ Chairman Name: Esquire John P. Moses
☐ Vice Chairman Address: 100 North Pennsylvania Avenue
☐ Director Wilkes-Barre, PA 18701-3507
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Louis A. DeNaples
☐ Vice Chairman Address: 100 North Pennsylvania Avenue
☐ Director Wilkes-Barre, PA 18701-3507
☐ 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. /s/Keith Wasley
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. Keith Wasley, President
(Typed or printed name and capacity of person signing application)

Attachment for Officer's and Director's

Entity Name - AllOne Health Resources, Inc.

Address - 100 North Pennsylvania Avenue, Wilkes-Barre, PA 18701-3507

NAME	TITLE
Bart E. Eckker	Director
Frank Apostolico	Director
Gary F. Lamont	Director
John D. McCarthy, Jr.	Director
John H. Graham	Director
John J. Menapace	Director
Paul J. Canevari	Director
Peter Danchak	Director
Rhea P. Simms	Director
Richard K. Mangan	Director

Pennsylvania Department of State
Bureau of Corporations and Charitable Organizations
PO Box 8722 | Harrisburg, PA 17105-8722
T: 717-787-1057
dos.pa.gov/BusinessCharities

Regarding: AllOne Health Resources, Inc.
Request Type: Subsistence Certificate **Issuance Date:** October 15, 2024
Request No.: 044423533 **File No.:** 0000880633
Receipt No.: 001256483
Filing Type: Domestic Business Corporation
Filing Subtype: Business
Initial Filing Date: August 20, 1985
Status: Active

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT

AllOne Health Resources, Inc.

is currently subsisting on the records of the Department of State as of the issuance date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have
hereunto set my hand and caused the seal
of my office to be affixed, the day and year
above written

Albert Schmidt
Secretary of the Commonwealth

Verify this certificate online at www.file.dos.pa.gov