

Florida Department of State  
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Email Address: liz.jones@lukeassoc.com

**FOREIGN PROFIT/NONPROFIT CORPORATION**  
**Dependable Health Services, Inc.**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

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## 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. Dependable Health Services, 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. Texas 3. 74-2788304  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 6/18/1996 5. Perpetual  
(Date of incorporation) (Date of duration, if other than perpetual)
6. Upon Qualification  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 601 NW Loop 410 Suite #380, San Antonio, Texas 78216  
(Principal office street address)  
375 Commerce Pkwy, Suite 103, Rockledge, FL 32955  
(Current mailing address, if different)

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

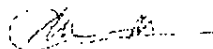
Name: Business Filings Incorporated

Office Address: 1200 South Pine Island Road

Plantation, Florida 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.*



(Registered agent's signature)  
Chris Das, AVP, Business Filings Incorporated

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.

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11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors (up to six (6) total):

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## A. DIRECTORS

☐ Chairman Name: John P. Sanders  
☐ Vice Chairman Address: \_\_\_\_\_  
☒ Director 2147 N Troy Street  
☒ President Arlington, Virginia 22201  
☐ Vice President \_\_\_\_\_  
☒ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: Jonathan D. Faucher  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director 1232 Solitude Lane  
☐ President Sarasota, Florida 34242  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☒ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: Gabriel Ling  
☐ Vice Chairman Address: \_\_\_\_\_  
☒ Director 41 Phillips St., Unit 18  
☐ President Boston, Massachusetts 02199  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

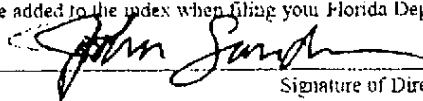
☐ Chairman Name: Thomas Guilfoile  
☐ Vice Chairman Address: \_\_\_\_\_  
☒ Director 888 Boylston St., Ste. 500  
☐ President Boston, Massachusetts 02199  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☒ Chairman Name: Richard Hall  
☐ Vice Chairman Address: \_\_\_\_\_  
☒ Director 1655 Pine Island Road  
☐ President Merritt Island, Florida 32953  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: William Grubbs  
☐ Vice Chairman Address: \_\_\_\_\_  
☒ Director 166 Fisher Avenue  
☐ President Brookline, Massachusetts 02445  
☐ 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.



11/20/2024

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. John P. Sanders, President

(Typed or printed name and capacity of person signing application)

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**Attachment to the Application for Authorization to Transact Business in Florida  
For  
Dependable Health Services, Inc.**

**IIA: Additional Director and Officer Information:**

Director: Stuart Archer, 12409 Winding Hollow, Frisco, Texas 75033

Corporations Section  
P.O. Box 13697  
Austin, Texas 78711-3697



Jane Nelson  
Secretary of State

## Office of the Secretary of State

### Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Articles Of Incorporation for DEPENDABLE HEALTH SERVICES, INC. (file number 140468400), a Domestic For-Profit Corporation, was filed in this office on June 18, 1996.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on November 21, 2024.



A handwritten signature in black ink that reads "Jane Nelson".

Jane Nelson  
Secretary of State