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(Requestor's Name)

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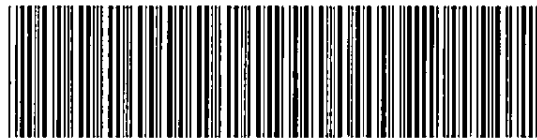
(Business Entity Name)

(Document Number)

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T. LEMIEUX
JAN 02 2025



Legal Counsel.

DINSMORE & SHOHL LLP
Two Landmark Center
225 East Robinson Street - Suite 600
Orlando, Florida 32801
www.dinsmore.com

LESLIE A. EVANS
E-MAIL ADDRESS
Leslie.Evans@dinsmore.com

DIRECT LINE
(407) 367-0056

November 25, 2024

VIA FedEx

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Re: Strategic Outpatient Services, Inc., a New Jersey corporation

Dear Sir or Madam:

Enclosed please find a cover letter and the following:

1. Application by Strategic Outpatient Services, Inc., a Foreign Corporation for Authorization to Transact Business in Florida, submitted for filing pursuant to Fla. Stat. § 607.1503(1);
2. State of New Jersey Certificate of Good Standing of Strategic Outpatient Services, Inc., submitted pursuant to Fla. Stat. § 607.1503(2); and
3. Check payable to the Florida Department of State in the total amount of \$2,820.00, including \$70.00 for the filing fee plus \$2,750.00 for annual report fees, late payment fees and penalties pursuant to Fla. Stat. § 607.1502(4) and § 95.11(3).

Please contact the undersigned with any questions concerning this matter.

Very truly yours,

Leslie A. Evans

LAE:ssm
Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Strategic Outpatient Services, 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:

Leslie A. Evans

Name of Person

Dinsmore & Shohl LLP

Firm/Company

225 E. Robinson Street, Suite 600

Address

Orlando, FL 32801

City/State and Zip code

Leslie.Evans@Dinsmore.com

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

For further information concerning this matter, please call:

Leslie Evans

at (407) 367-0056

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

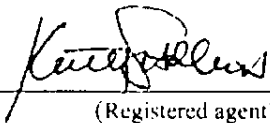
**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*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. Strategic Outpatient 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. New Jersey 3. 22-3359026
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. February 24, 1995 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. March 12, 2000
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 1150 N. 35th Ave - STE 665, Hollywood, FL 33021
(Principal office street address)
- (Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: Kenneth S. Hollins
- Office Address: 1150 N. 35th Ave - STE 665
- Hollywood, Florida 33021
(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)

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

☒ Chairman Name: Ernest J. DeSalvo
☐ Vice Chairman Address: 1150 N. 35th Ave - STE 665
☐ Director Hollywood, FL 33021
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Kenneth S. Hollins
☐ Vice Chairman Address: 1150 N. 35th Ave - STE 665
☐ Director Hollywood, FL 33021
☒ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

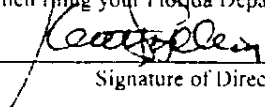
☐ Chairman Name: Jason DeSalvo
☐ Vice Chairman Address: 1150 N. 35th Ave - STE 665
☐ Director Hollywood, FL 33021
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other CEO ☐ Other _____

☐ Chairman Name: Christopher Giacomino
☐ Vice Chairman Address: 1150 N. 35th Ave - STE 665
☐ Director Hollywood, FL 33021
☐ President _____
☒ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Justin DeSalvo
☐ Vice Chairman Address: 1150 N. 35th Ave - STE 665
☒ Director Hollywood, FL 33021
☐ 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. 
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. Kenneth S. Hollins, President
(Typed or printed name and capacity of person signing application)

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING**

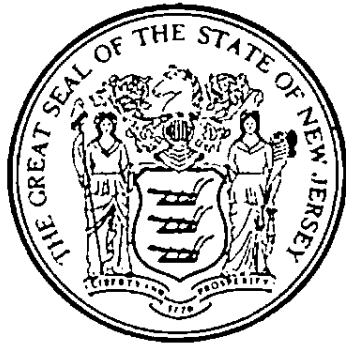
STRATEGIC OUTPATIENT SERVICES, INC.
0100617688

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic For-Profit Corporation was registered by this office on February 24, 1995.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

JASON DESALVO
36 COLD BROOK ROAD
BOX 347
OLDWICK, NJ 08858



*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
8th day of October, 2024*

*Elizabeth Maher Muoio
State Treasurer*

Certificate Number : 6157642101

Verify this certificate online at

https://www1.state.nj.us/FYTR_StandingCert/ISP/Verify_Cert.jsp