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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

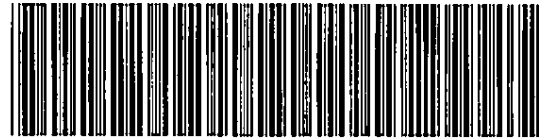
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
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## COVER LETTER

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

SUBJECT: Domesticating a California Corporation to a Florida Corporation

Enclosed is an original and one (1) copy of the Articles of Domestication and a check:

FEES:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ 78.75
Total filing fee	\$128.75

OPTIONAL:

Certificate of Status	\$ 8.75
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From: At Cause Law Office, PLLC

Name (printed or typed)

131 N. Garden Avenue

Address

Clearwater, FL 33755

City, State & Zip

727-477-2255

Daytime Telephone Number

ashly@atcauselaw.com

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

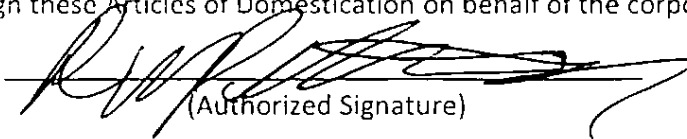
Articles of Domestication  
Foreign Corporation Domesticating to Florida

The undersigned, Richard W. Petersen, CEO, CFO  
(Name) (Title)

of Norcal Health Management Organization, Inc., a foreign  
corporation, in accordance with s. 607.11922, Florida Statutes, submit these Articles of  
Domestication.

1. Then name of the domesticating corporation is Norcal Health Management  
Organization, Inc. (Foreign Corporation)
2. The jurisdiction and date of its formation is California, March 30, 1999
3. The name of the domesticated corporation is Norcal Health Management  
Organization, Inc.
4. The jurisdiction of formation of the domesticated corporation is **Florida**
5. The domestication corporation is a foreign corporation and the domestication was  
approved in accordance with its organic law.
6. Attached are Florida Articles of Incorporation to complete the domestication  
requirements pursuant to s.607.0202, F.S.

I certify I am authorized to sign these Articles of Domestication on behalf of the corporation.

  
(Authorized Signature)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLES OF INCORPORATION**  
*IN COMPLIANCE WITH CHAPTER 607, F.S.*

**ARTICLE I    NAME**

*THE NAME OF THE CORPORATION SHALL BE:*

Norcal Health Management Organization, Inc.

**ARTICLE II    PRINCIPAL OFFICE**

*THE PRINCIPAL PLACE OF BUSINESS/MAILING ADDRESS IS:*

Principal Address	Mailing Address
1000 S. Fort Harrison Ave.	1000 S. Fort Harrison Ave.
Clearwater, FL 33756	Clearwater, FL 33756

**ARTICLE III    PURPOSE**

*THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:*  
any and all lawful business

**ARTICLE IV    SHARES**

*THE NUMBER OF SHARES OF STOCK IS:* 1,000

**ARTICLE VI    REGISTERED AGENT AND STREET ADDRESS**

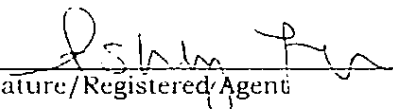
*THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:*

At Cause Law Office, PLLC

131 N. Garden Avenue

Clearwater, FL 33755

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I AM FAMILIAR WITH AND ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY.

  
Signature/Registered Agent

23 Aug 2022  
Date

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CLERK OF SUPERIOR COURT  
TALLAHASSEE, FLORIDA

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**ARTICLE V DIRECTORS AND/ OR OFFICERS**

*THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:*

Name & Title: Richard W. Petersen, CEO, CFO

Name & Title: \_\_\_\_\_

Address: 1000 S. Fort Harrison Ave.

Address: \_\_\_\_\_

Clearwater, FL 33755

Name & Title: Vikki M. Petersen, Secretary

Name & Title: \_\_\_\_\_

Address: 1000 S. Fort Harrison Ave.

Address: \_\_\_\_\_

Clearwater, FL 33755

Name & Title: \_\_\_\_\_

Name & Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_


Name & Title: \_\_\_\_\_

Name & Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

I submit this document and affirm that the facts stated herein are true. I am 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.

  
Signature/Authorized Person

8/23/22  
Date

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STATE DEPT OF STATE  
TALLAHASSEE, FL 32399

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## Secretary of State Certificate of Status

I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

**Entity Name:** HEALTHNOW MEDICAL CENTER, INC.  
**Entity No.:** 2090816  
**Registration Date:** 07/29/1998  
**Entity Type:** Stock Corporation - CA - General  
**Formed In:** CALIFORNIA  
**Status:** Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of August 19, 2022.

SHIRLEY N. WEBER, PH.D.  
Secretary of State

**Certificate No.:** 038634533

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at [bizfileOnline.sos.ca.gov](https://bizfileOnline.sos.ca.gov).