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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : DIVERSIFIED CORPORATE SERVICES INTL. INC.
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Fax Number : (302)371-9850

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Jerry@diversifiedcorp.com

FOREIGN PROFIT/NONPROFIT CORPORATION
CCI HEALTHCARE SYSTEMS GROUP CORP.

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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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. CCI HEALTHCARE SYSTEMS GROUP CORP.
(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 YORK 3. APPLIED FOR
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. NOVEMBER 18, 2015 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

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

7. 245 STIRLING RD, STE 3, FT. LAUDERDALE, FL 33312
(Principal office street address)
245 STIRLING RD, STE 3, FT. LAUDERDALE, FL 33312
(Current mailing address, if different)

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

Name: PERI AVITAN
Office Address: 245 STIRLING RD, STE 3
FT. LAUDERDALE, Florida 33312
(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.

/s/ PERI AVITAN

(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]:

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A. DIRECTORS

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☐ Chairman Name: PERI AVITAN ☐ Chairman Name: _____
☐ Vice Chairman Address: 2415 STIRLING ROAD, STE. 3 ☐ Vice Chairman Address: _____
☒ Director FT. LAUDERDALE, FL 33312 ☐ Director _____
☒ President _____ ☐ President _____
☐ Vice President _____ ☐ Vice President _____
☒ Secretary ☒ Treasurer ☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____ ☐ Other _____ ☐ Other _____

☐ Chairman Name: _____ ☐ Chairman Name: _____
☐ Vice Chairman Address: _____ ☐ Vice Chairman Address: _____
☐ Director _____ ☐ Director _____
☐ President _____ ☐ President _____
☐ Vice President _____ ☐ Vice President _____
☐ Secretary ☐ Treasurer ☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____ ☐ Other _____ ☐ Other _____

☐ Chairman Name: _____ ☐ Chairman Name: _____
☐ Vice Chairman Address: _____ ☐ Vice Chairman Address: _____
☐ Director _____ ☐ Director _____
☐ President _____ ☐ President _____
☐ Vice President _____ ☐ Vice President _____
☐ Secretary ☐ Treasurer ☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____ ☐ 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/ PERI AVITAN, PRESIDENT
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. PERI AVITAN, PRESIDENT
(Typed or printed name and capacity of person signing application)

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STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, WALTER T. MOSLEY, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name: CCI HEALTHCARE SYSTEMS GROUP CORP.
DOS ID Number: 4851420
Entity Type: DOMESTIC BUSINESS CORPORATION
Entity Status: EXISTING
Date of Initial Filing with DOS: 11/18/2015
Statement Status: CURRENT
Statement Due Date: 11/30/2025

I certify that the following is a list of documents on file in the Department of State for said entity:

Document Type: CERTIFICATE OF INCORPORATION
Date of Filing: 11/18/2015
Entity Name: CCI HEALTHCARE SYSTEMS GROUP CORP.

Document Type: CERTIFICATE OF AMENDMENT
Date of Filing: 12/24/2019

Document Type: BIENNIAL STATEMENT
Date of Filing: 06/18/2024

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Above space is left blank intentionally.

No information is available from this office regarding the financial condition, business activity or practices of this entity.

WITNESS my hand and official seal of the Department
of State, at the City of Albany, on June 20, 2024 at
03:24 P.M.



WALTER T. MOSLEY
Secretary of State

Brendan C. Hughes

BRENDAN C. HUGHES
Executive Deputy Secretary of State

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