

F25000000653

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

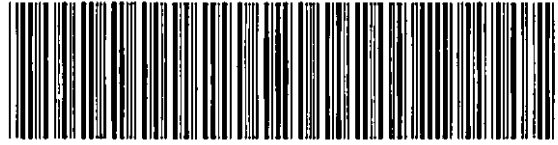
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W 25000002270

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
25 JAN 27 AM 8:25



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 7, 2025

TED MACDONALD
820 FESSLERS PKWY STE 315
NASHVILLE, TN 37210 US

SUBJECT: PACE HEALTH SERVICES, INC.
Ref. Number: W25000002270

We have received your document for PACE HEALTH SERVICES, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list the names and street addresses of the officers and directors of the corporation on the form/application.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call .

Emani D Manning
Regulatory Specialist II

Letter Number: 425A00000463

RECEIVED
JAN 27 2025

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PACE HEALTH 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:

TED MACDONALD

Name of Person

PACE HEALTH SERVICES, INC.

Firm/Company

820 FESSLERS PKWY, STE 315

Address

NASHVILLE, TN 37210

City/State and Zip code

INFO@AMPUTEEASSOCIATES.COM

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

For further information concerning this matter, please call:

MACY FRICK

at (615) 214-3777

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. PACE 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. TENNESSEE 3. 62-1831467
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 08/18/2000 5.
(Date of incorporation) (Date of duration, if other than perpetual)

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

7. 820 FESSLERS PKWY, STE 315, NASHVILLE, TN 37210
(Principal office street address)

(Current mailing address, if different)

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

Name: TED MACDONALD

Office Address: 6631 ORION DRIVE, STE 110

FORT MYERS, Florida 33812
(City) (Zip code)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
25 JAN 27 AM 8:25

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.

[Handwritten signature]
(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: Ted MacDonald
 Vice Chairman Address: 820 Fesslers Pkwy
 Director ~~TED MACDONALD~~ STE 315
 President Nashville, TN 37210
 Vice President _____
 Secretary _____ Treasurer _____
 Other _____ Other _____

Chairman Name: Macy Frick
 Vice Chairman Address: 820 Fesslers Pkwy
 Director STE 315 Nashville, TN
 President 37210
 Vice President _____
 Secretary _____ Treasurer _____
 Other ~~MACY ERICK~~ VP of Business Operations Other _____

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

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

Chairman Name: _____
 Vice Chairman Address: _____
 Director _____
 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. Ted MacDonald
 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. TED MACDONALD - OWNER/CEO
 (Typed or printed name and capacity of person signing application)



Tre Hargett
Secretary of State

Division of Business Services
Department of State

State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

MACY FRICK
315
820 FESSLERS PKWY
NASHVILLE, TN 37210

December 2, 2024

Request Type: Certificate of Existence/Authorization
Request #: 0613796

Issuance Date: 12/02/2024
Copies Requested: 1

Document Receipt

Receipt #: 009359855 Filing Fee: \$20.00
Payment-Credit Card - State Payment Center - CC #: 3887172550 \$20.00

Regarding: PACE Health Services, Inc.
Filing Type: For-profit Corporation - Domestic Control #: 394408
Formation/Qualification Date: 08/18/2000 Date Formed: 08/18/2000
Status: Active Formation Locale: TENNESSEE
Duration Term: Perpetual Inactive Date:
Business County: HAMILTON COUNTY

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

PACE Health Services, Inc.

- * is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above;
- * has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
- * has filed the most recent annual report required with this office;
- * has appointed a registered agent and registered office in this State;
- * has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett
Secretary of State

Processed By: Cert Web User

Verification #: 071366728