



# FOREIGN REGISTRATION STATEMENT

Title 30, Chapter 21, Idaho Code

Base Filing fee: \$100.00 + \$20.00 for manual processing (form must be typed)

For Office Use Only

**-FILED-**

File #: 0004832946

Date Filed: 7/27/2022 1:01:00 PM

1. The name of the entity is: Charlie Health Medical, P.A.
2. The name which it shall use in Idaho is: \_\_\_\_\_  
(Enter a name here, only if you are required to adopt an alternate name)
3. Select the type of entity you wish to register:
 

<input checked="" type="checkbox"/> Business Corporation	<input type="checkbox"/> General Partnership
<input type="checkbox"/> Nonprofit Corporation	<input type="checkbox"/> General Cooperative Association
<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Limited Partnership (Including a limited liability limited partnership)
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Statutory Trust, Business Trust, or Common-law Business Trust
<input type="checkbox"/> Other: _____ (Use "Other" only if your foreign entity type is not listed above, and enter the type here)	
4. Jurisdiction of formation: Florida  
(Provide the domestic jurisdiction where the entity was formed)
5. The address of its principal office is:  
1560 Sawgrass Corporate Parkway, Sunrise, FL 33323  
(Street Address)  
\_\_\_\_\_  
(Mailing Address, if different)
6. The address of its domestic principal office (if required by the laws of the jurisdiction of formation) is:  
1560 Sawgrass Corporate Parkway, Sunrise, FL 33323  
(Street Address)  
\_\_\_\_\_  
(Mailing Address, if different)
7. The mailing address to which correspondence should be addressed, if different from item 5, is:  
\_\_\_\_\_  
(Address)
8. Name and street address of registered agent in Idaho:  
Cogency Global Inc.- 921 S. Orchard Street, Suite G, Boise, ID 83705  
(Name and Address)
9. The name, capacity, and mailing address of at least one governor:  

<u>Chet A. Tharpe, M.D., President, 1560 Sawgrass Corporate Parkway, Sunrise, FL 33323</u>		
(Name)	(Capacity)	(Address)
_____ (Name)	_____ (Capacity)	_____ (Address)

Secretary of State use only

Typed Name: Chet A. Tharpe, M.D.

Signature: Chet A. Tharpe, M.D.  
394DDFE6807B476

Capacity: President

# *State of Florida*

## *Department of State*

I certify from the records of this office that CHARLIE HEALTH MEDICAL, P.A. is a corporation organized under the laws of the State of Florida, filed on July 8, 2022.

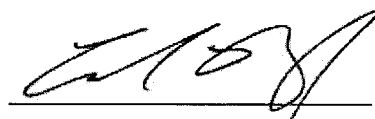
The document number of this corporation is P22000055068.

I further certify that said corporation has paid all fees due this office through December 31, 2022 and that its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

*Given under my hand and the  
Great Seal of the State of Florida  
at Tallahassee, the Capital, this  
the Twenty-sixth day of July, 2022*



  
*Secretary of State*

Tracking Number: 2886064918CU

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>