



**We Care of Lee County  
Corporate Application**

**Name of the Corporation:** \_\_\_\_\_

**FEI/Document Number:** \_\_\_\_\_

(A Federal Employer Identification Number or FEI is a number issued by the Internal Revenue Service (IRS). The FEI number is also called the EIN number)

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

**City/State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Office Contact:** Name \_\_\_\_\_ Phone \_\_\_\_\_

**CORPORATE OFFICER WITH CONTRACT AUTHORITY:**

**Printed Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**I understand a routine check of the status of the corporation through the Florida Division of Corporations will be made.**

**Credentials Verification (for department use only)**

Division of Corporations: Active and Registered Florida Corporation: Yes \_\_\_\_\_ No \_\_\_\_\_

Verification completed by/date:: \_\_\_\_\_

Re: 8/25/09

**FAX COMPLETED FORM TO: Florida Dept of Health, Francis (Kathy) Wilczynski 941-708-5957**