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Florida Department of State
Division of Corporations
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From:
Account Name : JOHNSON, BLAKELY, POPE, BOKER, RUPPEL & BURNS, P.A.
Account Number : 076666002140
Phone : (727)461-1818
Fax Number : (727)441-8617

FOREIGN PROFIT QUALIFICATION

HEALTH INTEGRATED, INC.

F03-1162

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	$78.75

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HEALTH INTEGRATED, INC.
(Name of corporation - must include suffix)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", 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:

TAMI LEE LATZO, LEGAL ASSISTANT
(Name of Person)

JOHNSON, BLAKELY, POPE, BOKOR, RUPPEL & BURNS, P.A.
(Firm/Company)

911 CHESTNUT STREET
(Address)

CLEARWATER, FLORIDA 33756
(City/State and Zip code)

For further information concerning this matter, please call:

TAMI LEE LATZO, L.A. at (727)461-1818 EXT. 153
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

☐ $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

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03-07-03 05:18pm From-JOHNSON,BLAKELY +7727441861 7 T-103 P.02/05 F-087

H03000074161

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. HEALTH INTEGRATED, INC.
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. DELAWARE
(State or country under the law of which it is incorporated)

3. APPLIED FOR
(FEI number, if applicable)

4. JANUARY 30, 2003
(Date of incorporation)

5. PERPETUAL
(Duration: Year corp. will cease to exist or "perpetual")

6. UPON FILING OF QUALIFICATION
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

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TALLAHASSEE, FLORIDA

7. 10008 N. DALE MABRY HIGHWAY, SUITE 214, TAMPA, FLORIDA 33618
(Principal office address)

10008 N. DALE MABRY HIGHWAY, SUITE 214, TAMPA, FLORIDA 33618
(Current mailing address)

8. ANY AND ALL LAWFUL BUSINESS TRANSACTIONS AUTHORIZED UNDER FLORIDA LAW.
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. **Name and street address of Florida registered agent:** (P.O. Box or Mail Drop Box NOT acceptable)

Name: SAM D. TONEY, M.D.

Office Address: 10008 N. DALE MABRY HIGHWAY, #214

TAMPA, Florida 33618
(City) (Zip code)

10. **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.

SAM D. TONEY, M.D.
(Registered agent's signature)

11. 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.

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12. **Names and business addresses of officers and/or directors:**

A. DIRECTORS

Chairman: SHAN PADDA

Address: 10008 N. DALE MABRY HIGHWAY, SUITE 214

TAMPA, FLORIDA 33618

Vice Chairman: SAM D. TONEY, M.D.

Address: 10008 N. DALE MABRY HIGHWAY, SUITE 214

TAMPA, FLORIDA 33618

Director:

Address:

Director:

Address:

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TALLAHASSEE, FLORIDA

B. OFFICERS

President: SHAN PADDA

Address: 10008 N. DALE MABRY HIGHWAY, SUITE 214

TAMPA, FLORIDA 33618

Vice President: SAM D. TONEY, M.D.

Address: 10008 N. DALE MABRY HIGHWAY, SUITE 214

TAMPA, FLORIDA 33618

Secretary: SAM D. TONEY, M.D.

Address: SAME AS ABOVE

Treasurer: SAM D. TONEY, M.D.

Address: SAME AS ABOVE

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. _____
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. SAM D. TONEY, M.D., VICE PRESIDENT
(Typed or printed name and capacity of person signing application)

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03-07-03 05:19pm From-JOHNSON,BLACKELY +7727441881? T-103 P.05/05 F-087

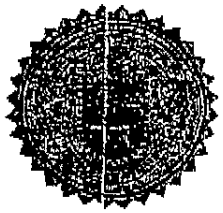
Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HEALTH INTEGRATED, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SEVENTH DAY OF FEBRUARY, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HEALTH INTEGRATED, INC." WAS INCORPORATED ON THE THIRTIETH DAY OF JANUARY, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.



Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

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AUTHENTICATION: 2279541

DATE: 02-27-03